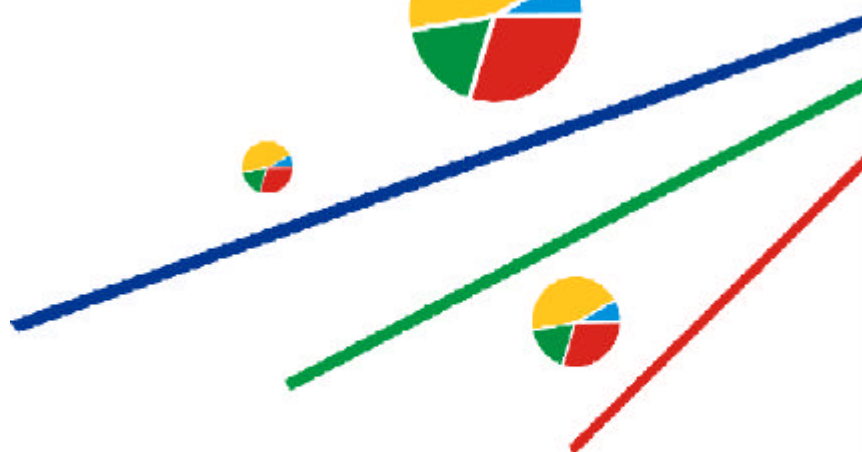
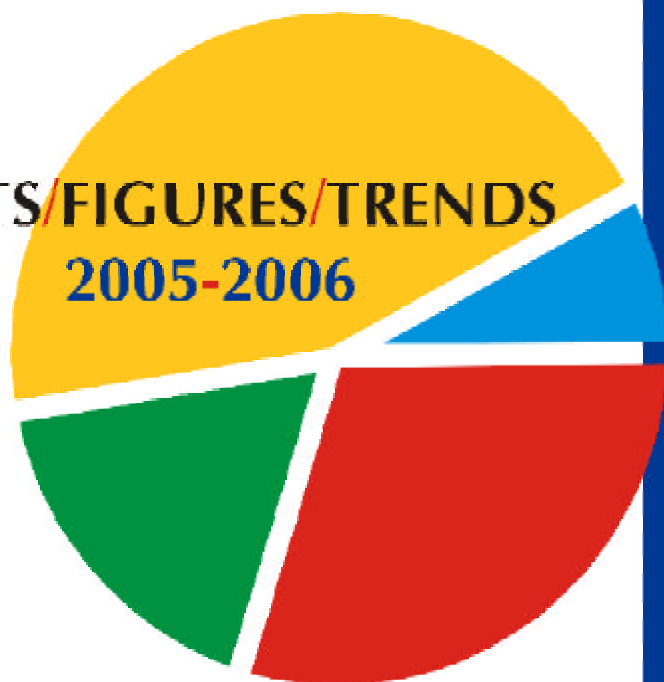


FACTS/FIGURES/TRENDS 2005-2006



IDAHO DEPARTMENT OF
HEALTH & WELFARE

A Message From Our Director, Karl B. Kurtz



Facts/Figures/Trends is always a welcome reminder to me of the good things our agency accomplishes to protect the health and safety of Idahoans. This issue especially is meaningful as our nation recovers from one of the worst disasters in United States history — Hurricane Katrina.

As the tragedy unfolded late last summer, we watched television and listened to radio reports of people struggling to survive the hurricane's aftermath. In response, we witnessed a tremendous outpouring from Idaho, thousands of our fellow citizens offering donations and shelter for displaced victims, and volunteering to help in stricken areas.

People devastated by Katrina live more than 2,000 miles away, but Idahoans treated them like family. Our Governor helped organize relief supplies flown by military transport, while our own agency helped organize temporary relocation for nursing home residents.

In the days following Katrina, we learned some painful lessons. For those of us working in health and human services, the hurricane expanded our thinking about being prepared and poised to help people in times of crisis. It challenged our response plans for disasters and diseases, broadening the breadth and scope for what we should prepare. These were hard-learned lessons, and we paid attention.

At one point, we believed Idaho was going to receive large groups of evacuees from Louisiana or Mississippi. Under the Governor's direction, we shifted gears, planning for their arrival. We prepared to help people with basic necessities such as food and shelter, acute medical needs, pharmaceutical needs, and mental health counseling.

While we did not receive large groups of evacuees, the planning process was a great exercise for state and private agencies involved. We hope nothing of the magnitude of Hurricane Katrina ever strikes Idaho, but we realize we are better prepared to respond.

I encourage you to take time to read *Facts, Figures, and Trends*. I think it captures the breadth and scope of the array of health and human services our agency provides. None of us can predict when a natural disaster, a sudden illness, or a job loss may turn our world upside down. If and when disaster strikes you or your family, the services and help we offer will be here for you.

Sincerely,

A handwritten signature in dark ink, appearing to read "Karl B. Kurtz".

Karl B. Kurtz, Director

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Introduction

We have organized the information and data in this handbook to give you an overview of services we provide, numbers of people we serve, and how we budget our monies. This guide is not intended to be a comprehensive report about the Department of Health and Welfare, but it should answer many frequently asked questions.

The first few pages of this report provide the big picture, describing the Department's overall budget and major spending categories. Following this overview, we give a brief description of each Division and statistical information for many of our programs and services. When possible, we provide historical perspective. The handbook is color-coded by Division for easy reference.

To provide the human services described throughout this handbook, we diligently follow a Strategic Plan, which defines our key goals:

Goal 1: Improve the health status and safety of all Idahoans.

Goal 2: Coordinate resources to strengthen individuals, families, and communities.

Goal 3: Identify and establish partnerships for sustainable and integrated health and human services systems.

Goal 4: Develop into a Learning Organization.

Goal 5: Align structures, people, and technology while improving communication and customer service in support of all other goals.

The Department is designed to help families in crisis situations, giving a hand to vulnerable children and adults who cannot solve their problems alone. Our programs are integrated to provide the basics of food, health care, job training, and cash assistance to get families back on their feet and become self-reliant members of our communities. Staff in all our Divisions depend on one another to do their jobs in helping families solve their problems and build a healthier Idaho.

Our Organization

The Department of Health and Welfare serves under the leadership of Idaho Governor Dirk Kempthorne. Our Director, Karl B. Kurtz, oversees all Department operations and is advised by a seven-member State Board of Health and Welfare appointed by the Governor.

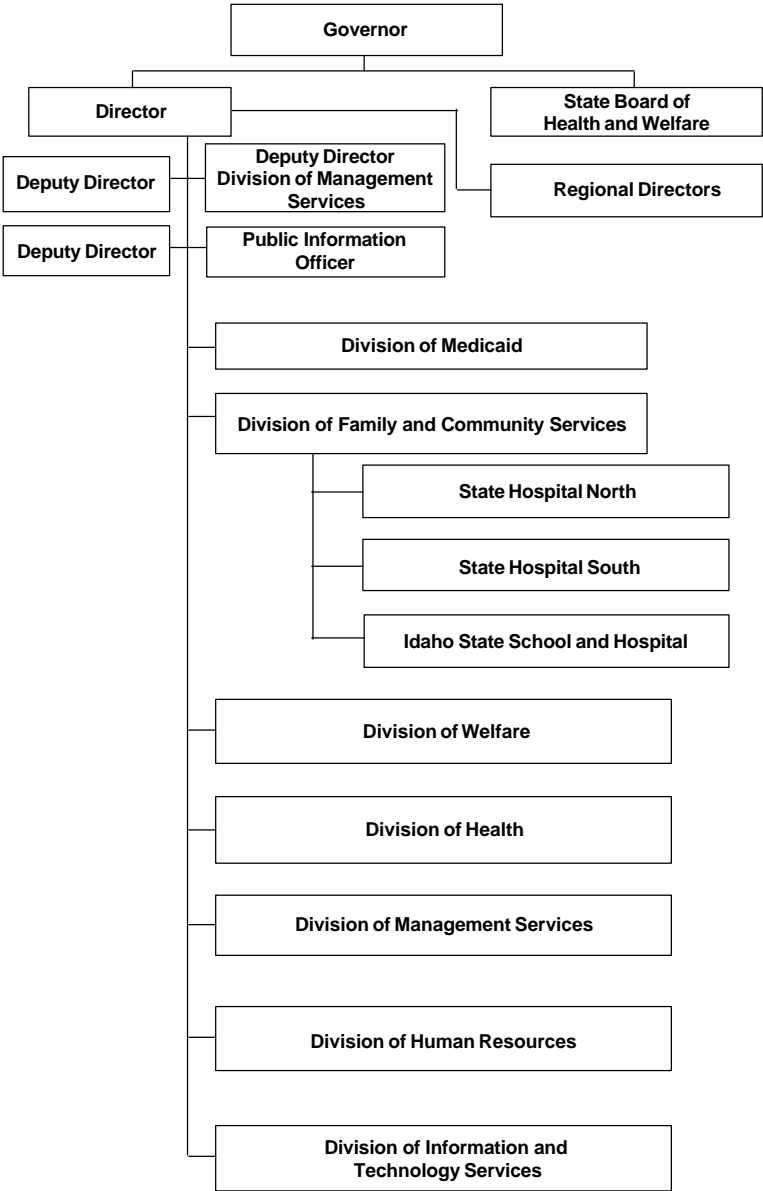
Our agency is comprised of seven divisions: Medicaid, Family and Community Services, Welfare, Health, Management Services, Human Resources, and Information and Technology Services. Each division provides services or partners with other agencies and groups to help people in our communities. As an example, the Division of Family and Community Services will provide direct services for child protection and may partner with community providers or agencies to help people with developmental disabilities.

Each of our divisions includes individual programs. The Division of Health, for instance, includes such diverse programs as Immunizations, STD/AIDS, and Women, Infants, and Children (supplemental nutrition).

Regional Directors help carry out the mission of the Department. They work with community leaders and groups to develop partnerships and community resources that help more people than the Department could by itself. They also are our Director's community representatives and are geographically located to reach each area of the state.

Region	Location	Director	Phone
Region 1	Coeur d'Alene	Michelle Britton	769-1515
Region 2	Lewiston	David Reynolds	799-4400
Region 3	Caldwell	Randy Woods	455-7106
Region 4	Boise	Kathleen Allyn	334-6747
Region 5	Twin Falls	John Hathaway	736-3020
Region 6	Pocatello	Nick Arambarri	235-2875
Region 7	Idaho Falls	Tracey Sessions	528-5789

Organizational Chart



Modernizing Medicaid: Prevention, Wellness, Responsibility

Idaho Medicaid is a safety net for our state's most vulnerable citizens, providing medical support for people who are low-income, have a disability, or are elderly. In our state, more than 170,000 people receive health care services through Idaho Medicaid.

Like most states, Idaho Medicaid is struggling with escalating medical costs and growing enrollments. Its rate of growth is not sustainable. Since 1987, Idaho Medicaid expenditures have increased an average of 17 percent a year. Across the nation, Medicaid programs are straining state budgets, forcing many to cut enrollments or services.

Idaho leaders do not want to cut enrollments or services to preserve the program. Instead, Governor Dirk Kempthorne proposes to modernize Idaho Medicaid so it provides vital services, while promoting prevention and personal responsibility for participants.

The national Medicaid program, designed in the 1960s, is patterned around a "one size fits all" policy. A healthy child enrolled in Medicaid essentially has the same benefit package as an elderly adult with a disability. Idaho's plan is to offer services tailored to fit people's needs. Services will be designed around three groups:

- Low-income children and working-age adults;
- Children and adults with disabilities or special health needs; and
- Elders.

By designing plans around people with similar health care needs, we can encourage people to improve their health. As an example, for low-income children and adults, we can offer incentives for mothers to take their babies to their health care provider for well-baby checks or immunizations. For people who are elderly, we can design a package that offers supports so they can live in their homes as long as possible, without having to move to a nursing facility.

Modernizing Medicaid will not produce significant savings as we launch this new program; we are focused on long-term savings and slowing growth of future expenditures. To realize our goals we will:

- **Encourage prevention and wellness to improve people's health and reduce future health care expenses;**
- **Promote responsible use of the health care system to reduce unnecessary services that are often expensive; and**
- **Use limited resources wisely and invest carefully in targeted services to achieve long-term savings.**

Idaho's plan will implement common-sense cost-sharing to increase responsibility of participants for their health care costs. Cost-sharing may include establishing co-payments for certain services, such as inappropriate emergency room utilization, non-preferred prescription drugs, and missed appointments with providers.

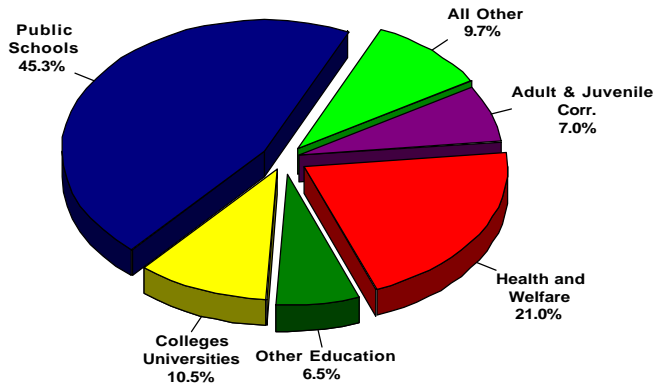
Cost-sharing also will include monthly premium payments for participants with family incomes above 133 percent of the federal poverty guideline. Cost-sharing will be implemented cautiously and thoughtfully due to the potential danger of introducing barriers for vulnerable people to essential health care services.

Governor Kempthorne's plan to modernize Medicaid will break new ground; we will try things no other state has attempted. We will look to our participants, providers, taxpayers, and legislators for input. We are confident that by working together, Idaho's new Medicaid plan will provide better care, while saving taxpayer money and preserving the program for future generations.

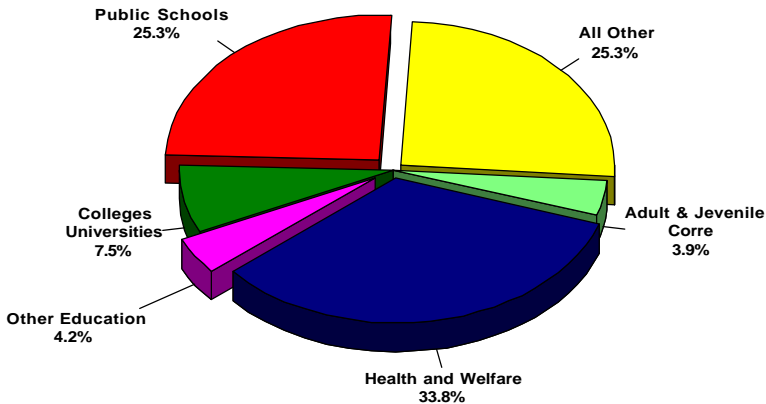
For more information, visit <http://www.modernizemedicaid.idaho.gov>.

Total State SFY 2006 Appropriations

General Funds



Total Funds: State and Federal Funds Combined

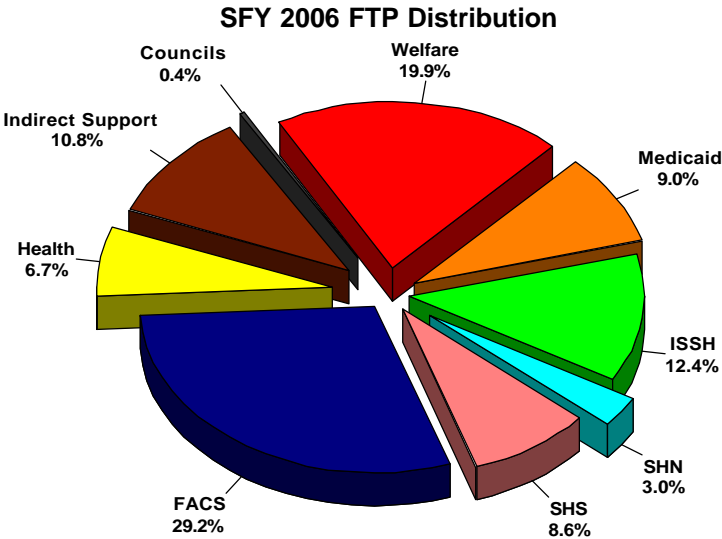
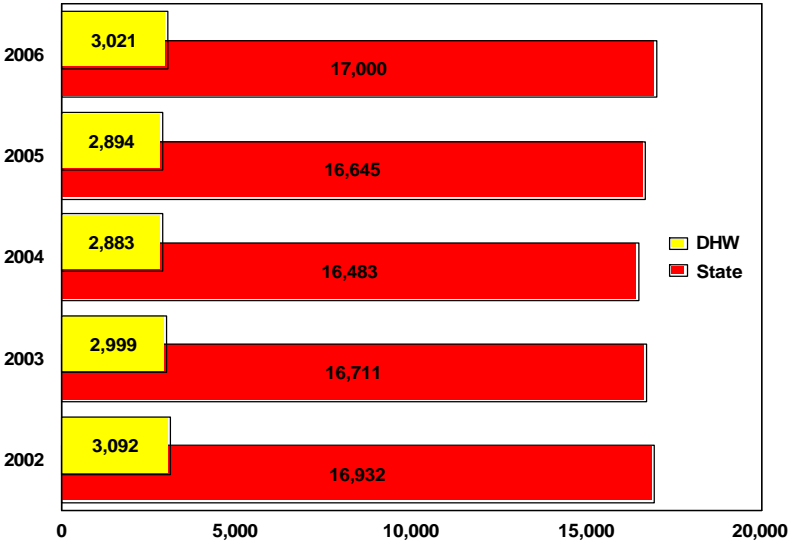


SFY 2006 Financial Data Summary

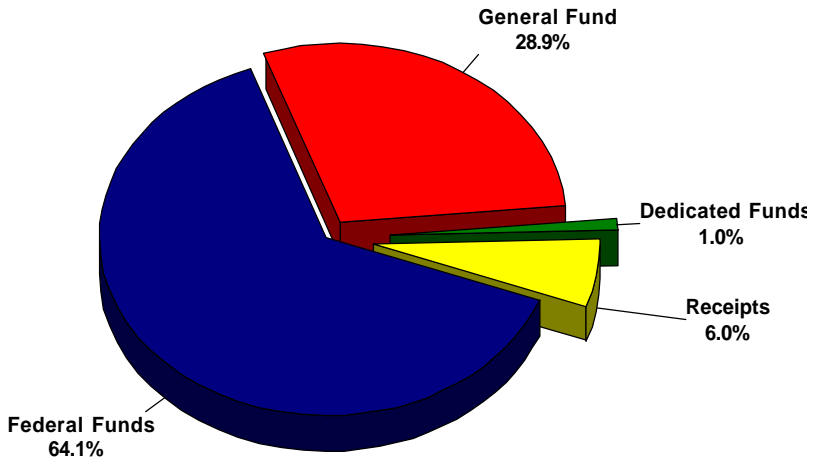
Functional Area	In Millions		Total	%Total
	General	%Total		
Public Schools	\$ 987.1	45.3%	\$1,197.3	25.3%
Colleges, Universities	228.9	10.5%	354.4	7.5%
Other Education	141.8	6.5%	198.0	4.2%
Health & Welfare	457.7	21.0%	1,597.6	33.8%
Adult & Juvenile Corrections	152.2	7.0%	184.4	3.9%
All Other Agencies	213.2	9.7%	1,197.6	25.3%
Total	\$2,180.9	100.0%	\$4,412.7	100.0%

Appropriated Full-Time Positions

The use of Full-Time Positions (FTP) is a method of counting state agency positions when different amounts of time or hours of work are involved. The decrease of staff in SFYs 2003 and 2004 is the result of budget holdbacks that included layoffs. The Department has 71 fewer employees since 2002, although demand for most services has increased due to economic conditions.



SFY 2006 DHW Appropriation Fund Source

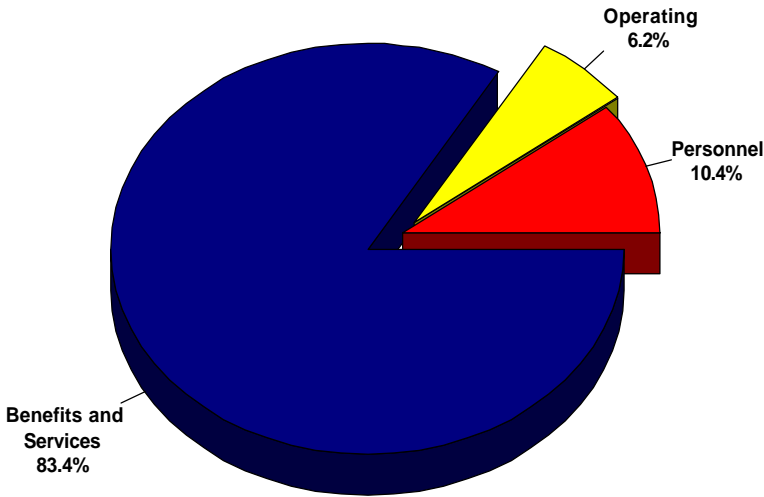


Financial Data Summary

Fund Source		Amount
General Fund*		\$461.0 Million
Federal Funds		1,024.5 Million
Receipts		96.0 Million
Dedicated Funds		
Domestic Violence	\$ 588,900	
Cancer Control	401,700	
Emergency Medical	3,714,100	
Central Tumor Registry	182,700	
Food Safety	638,000	
Medical Assistance	6,000	
Alcohol Intoxication Treatment	2,306,300	
Substance Abuse Treatment	8,800	
Liquor Control	650,000	
State Hospital South Endowment	5,291,400	
Prevention of Minors' Access to Tobacco	71,500	
CHIP B/Access to Health Insurance	1,878,600	
Court Services	266,700	
Total Dedicated Funds	<u>\$16.0 Million</u>	
Total	\$1.6 Billion	

*Includes funding for 27th pay period in FY 2006.

FY 2006 DHW Appropriation by Expenditure Category

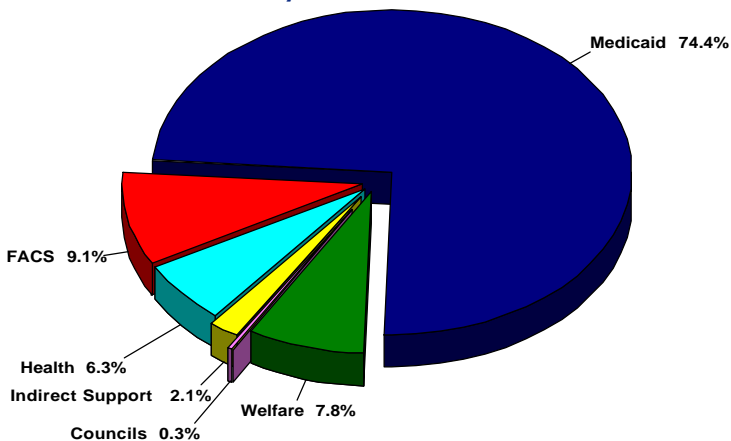


Financial Data Summary

By Object	Amount
Personnel Costs	\$ 166.5 Million
Capital Outlay	.1 Million
Operating Expenditures	98.6 Million
Trustee and Benefit	<u>1,332.4 Million</u>
Total	\$ 1.6 Billion

- Benefits for Idaho citizens increased \$165 million from SFY 2005.
- Trustee and Benefit payments make up 83 percent of the Department's budget. These are cash payments to participants, vendors providing services directly to participants, government agencies, non-profits, etc.
- Health and Welfare purchases services from more than 10,300 companies, agencies, or contractors, and 8,200 Medicaid providers.

Original FY 2006 DHW Appropriation By Division



By Division	FTP	General	Total	% Total
Welfare				
TAFI/AABD Benefits		\$ 8,690,000	\$ 16,439,800	1.0 %
Other Self-Reliance Programs	<u>599.8</u>	<u>26,104,900</u>	<u>108,597,600</u>	<u>6.8 %</u>
Total Welfare	599.8	\$ 34,794,900	\$ 125,037,400	7.8 %
Medicaid	271.0	\$331,461,800	\$ 1,188,692,500	74.4 %
FACS				
Child Welfare	391.3	\$ 16,161,600	\$ 46,481,800	2.9 %
Children's Mental Health	92.2	12,852,800	20,238,700	1.3
Adult Mental Health	229.2	11,586,500	18,156,100	1.1
Community Hospitalization	0.0	1,152,000	1,152,000	0.1
Developmental Disabilities	157.4	6,890,800	15,068,400	0.9
Idaho State School & Hospital	375.5	5,146,600	21,801,200	1.4
State Hospital North	89.4	5,382,800	6,253,800	0.4
State Hospital South	<u>259.2</u>	<u>7,158,900</u>	<u>16,887,000</u>	<u>1.0</u>
Total FACS	1,594.3	\$ 66,332,000	\$ 146,039,000	9.1 %
Health				
Physical Health	132.6	\$ 5,219,700	\$ 67,612,900	4.3 %
EMS	28.0	284,000	6,238,300	0.3
Laboratory Services	43.0	2,215,200	5,133,800	0.3
Substance Abuse Services	<u>12.6</u>	<u>3,176,800</u>	<u>20,145,700</u>	<u>1.4</u>
Total Health	216.2	\$ 10,895,700	\$ 99,130,700	6.3 %
Indirect Support	327.3	\$ 17,302,600	\$ 33,939,100	2.1 %
Councils/Commissions	<u>12.0</u>	<u>\$ 260,900</u>	<u>\$ 4,735,300</u>	<u>.3 %</u>
Department Total	3,020.7	\$461,047,900	\$1,597,574,000	100%

Division of Medicaid

David Rogers, Administrator, 364-1804

The Division of Medicaid provides a comprehensive program of medical coverage for eligible recipients in Idaho. Coverage is provided through regular Medicaid (Title 19) and CHIP (Title 21). The Division of Medicaid also licenses and inspects health facilities, including nursing homes, hospitals, and residential and assisted living facilities.

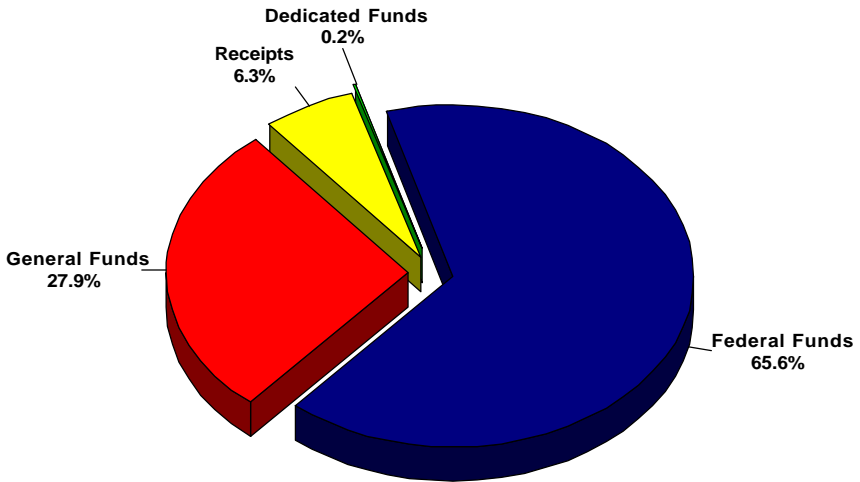
Youth, pregnancy, old age, or disability are considered factors in determining eligibility based on state and federal income requirements. The division does not provide direct medical services, but contracts and pays for services through providers.

The division provides a comprehensive program of medical coverage to eligible recipients throughout Idaho. Covered services include hospitalization, physician services, nursing home care, and prescription drugs.

The Division of Medicaid has the largest appropriation in the Department with an original SFY 2006 total appropriation of \$1.2 billion. This funding is composed of 66 percent federal money, 28 percent state General Funds, and six percent receipts. Receipts have become an increasingly important part of Medicaid's annual budget, providing \$75 million in the SFY 2005 budget. Receipts include \$46 million in rebates from pharmaceutical companies, \$17 million from audit settlements with various health care provider agencies and companies, and \$6 million from estate recovery.

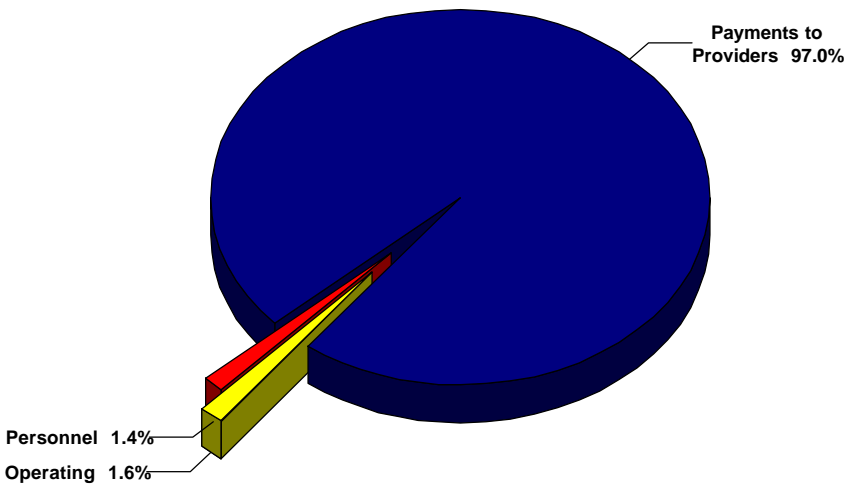
The 2006 federal match rate for administration and benefits varies. For most benefits, the match rate is 70 percent, down slightly from the 71 percent in 2005. The remainder of funding comes from state General Funds, receipts, and dedicated funds.

Medicaid SFY 2006 Funding Sources

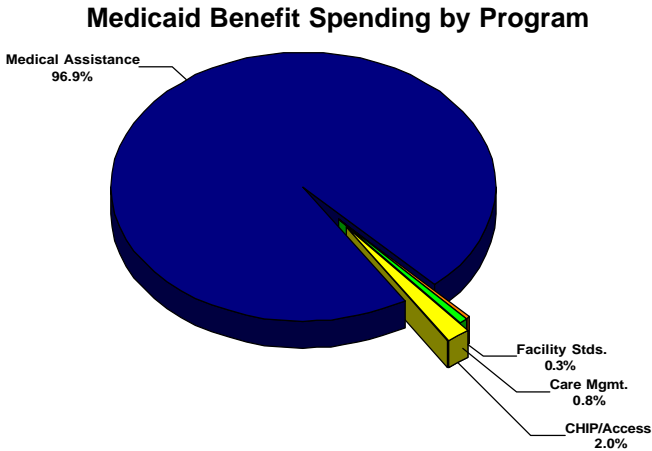


Authorized FTP: 271. Original Appropriation for 2006 — General Fund: \$331.5 Million; Total Funds: \$1.2 Billion; 74.4% of Health and Welfare funding.

Medicaid SFY 2006 Expenditure Categories



Note: The Division of Medicaid receives 66 percent of its funding from the federal government and spends 97 percent of its total expenditures on benefits.



Note: The 2006 Medicaid budget is \$1.2 billion; \$1.15 billion of this will pay for direct medical care to health care providers. This chart shows distribution of benefit dollars.

2005 Review: New Initiatives Expand Access to Health Care and Provide Tools to Improve Programs

There were several significant changes in SFY 2005 for Medicaid: Access to Health Insurance was implemented in July; rules and recommended statute changes for Residential and Assisted Living Facilities (RALFs) were presented to the legislature; credentialing for mental health providers is nearing implementation; and a new work incentive for disabled workers was implemented.

Access to Health Insurance for employees of small businesses began mid-year with an eye toward providing health insurance to companies that had been unable to afford employee insurance. In the first four months of the program, nearly 50 small businesses purchased insurance coverage for their employees. Approximately 250 people, including spouses and children, signed up for health insurance under the program. Employers must pay at least half the premium cost for each employee. The state pays up to \$100 per person each month to assist with the purchase of insurance.

Regulatory restructuring of Residential and Assisted Living Facilities neared completion. A statewide committee of health care providers, advocates, and Medicaid staff drew up new rules that will go to the Legislature for approval. A new statute was approved by the 2005 Legislature, and proposed rules are designed to support the statute. The recent rapid growth of RALFs in Idaho has left the state unable to meet

inspection requirements. The new rules, if approved, provide firm health and safety standards, but ease the frequency of inspections for RALFs that meet high standards of care. RALFs that have problems will continue to be closely monitored and surveyed at regular intervals to protect the health and safety of residents.

The Attorney General's Office represents the Director's Office in the **Estate Recovery Program**, which recovers money from estates of former Medicaid clients. The program was mandated by Congress in 1993 to recover money from clients who receive benefits after age 55.

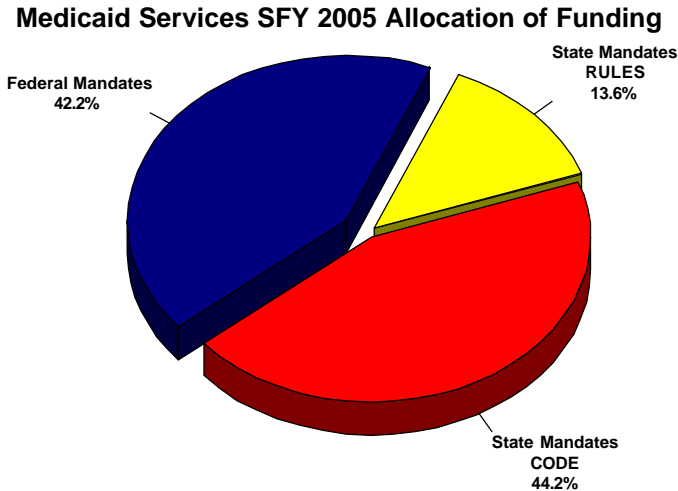
In the program, a qualified Medicaid recipient is allowed to keep certain assets, including a home and \$2,000 in savings, while remaining eligible for Medicaid benefits. After the recipient's death and the death of their spouse, the program makes a claim against all cash, real property, and personal property to offset Medicaid's cost of care for that individual. The state may file a lien to protect its interest. Recoveries vary, but the Attorney General's Office recovered \$5.8 million from these estates in SFY 2005. Additional staff were approved by the legislature in 2005 to increase estate recovery efforts beginning in SFY 2006.

A new work incentive was implemented in April 2005 to allow additional individuals with disabilities to retain Medicaid benefits when they go to work. A contract was developed with Vocational Rehabilitation to provide education and support, and staff manuals have been revised to ensure worker understanding of the new program. Individuals with disabilities will have increased opportunities to enter the work force and retain Medicaid benefits.

A program for **credentialing mental health providers** who deliver Medicaid-funded services is being developed. The program helps assure that mental health services delivered to Medicaid clients in communities meet a minimum level of quality. A contractor will be selected in January 2006 to operate the program which will be phased in statewide. The contractor will be responsible for making sure providers have the necessary skills and background to deliver quality services. Performance measures will track the rate of growth and quality of mental health providers.

In late 2005, Governor Kempthorne announced a **Medicaid reform** effort to improve delivery of health care services and hold down increasing costs. The Governor's plan aims to change the "one size fits all" approach to benefits for Medicaid enrollees. Services will be based on three population groups: Low-Income Children and Working-Age Adults; Individuals with Disabilities or Special Health Needs; and Elders. This is a groundbreaking effort that targets services to meet specific

health care needs. For example, low-income children and working-age adults would have services oriented toward preventive care. Proposed reforms are common-sense measures to restructure Medicaid into a simplified system that will slow growth and focus on prevention, wellness, and personal responsibility.



Medicaid Services

Idaho Medicaid provides coverage of health care services required by the federal government, Idaho Code, or Idaho Rules. The federal government requires that a state Medicaid program must offer certain services. Optional services can be provided at the discretion of the state.

Laws passed by the legislature for Medicaid services are listed in Idaho Code and include options such as prescription drugs, personal care services, dental care, and developmental disability services. Rules are developed under the Administrative Procedures Act and are approved by the legislature.

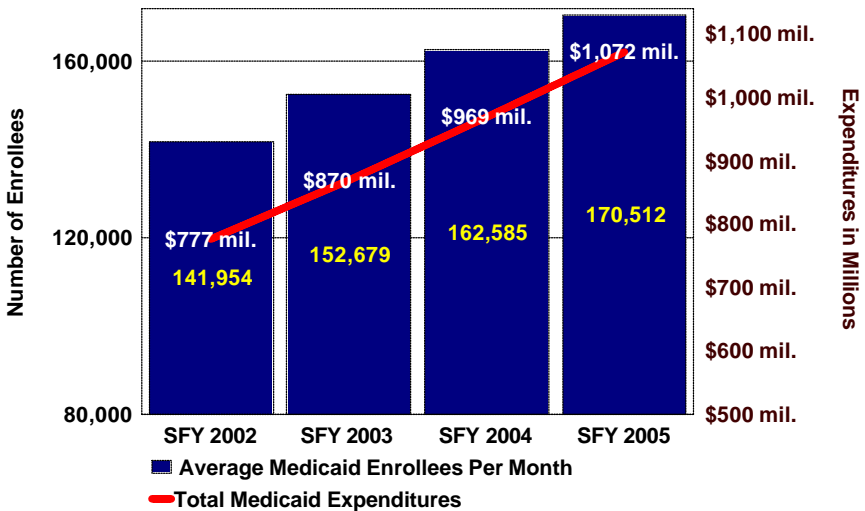
There are federal requirements from which the state can seek a waiver to benefit consumers as well as the program. For example, the Aged and Disabled Waiver (A&D) provides a cost-effective alternative to nursing homes. The waiver, which is optional for the state, allows Medicaid to provide services in the home or similar setting, as long as the cost is no more than similar services in a nursing home. This option has stabilized Medicaid expenditures for nursing home care, which is a mandated service.

The funding proportion of federal mandates vs. state options has shifted in recent years as a result of more benefits provided by the state. Combined, State Rules and Code mandated programs accounted for 58 percent of Medicaid expenditures in SFY 2005. In 1999, State Rules and Code made up 48 percent of expenditures. Most of the recent growth in expenditures is the result of state requirements. However, many of the state-mandated programs offer alternative care options that often are more cost-effective and help hold down expenses.

Medicaid Enrollment and Expenditures

Medicaid enrollment increased by 8,000 in SFY 2005, a five percent increase over 2004. Even with continued growth in health care costs and enrollment, Medicaid was able to end SFY 2005 within budget. Unlike most states, Idaho was able to maintain eligibility standards and benefits in 2005. Careful use of resources and cost containment efforts enabled Medicaid to maintain its operations without eliminating services, even as the caseload grew.

Average Medicaid Enrollees Per Month/Annual Expenditures

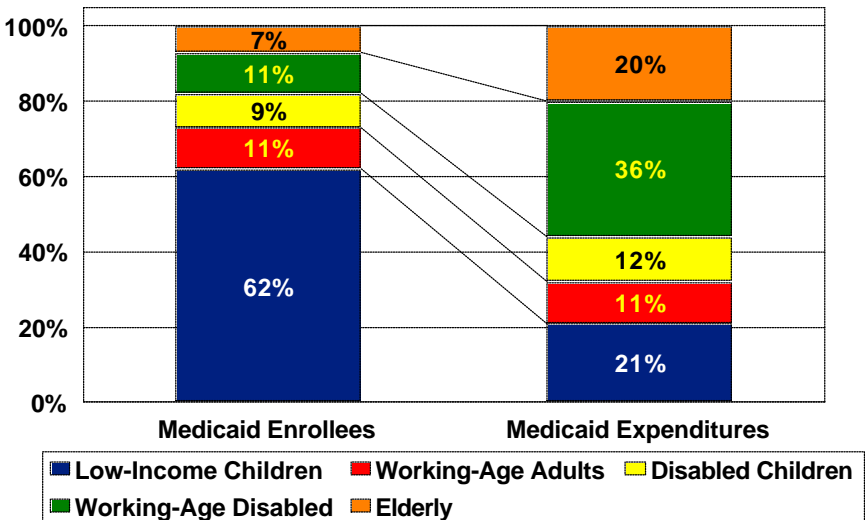


Annual Expenditures for Services

The growth in Medicaid recipients in recent years is due primarily to enrollment of low-income children. The number insured through Medicaid and CHIP programs grew 21 percent between 2002 and 2005. Although most enrollment growth has come from children, the greatest expenditures for benefits come from adults.

In SFY 2005, Medicaid averaged 170,512 participants per month. Seventy-one percent were children under 21, who account for 33 percent of the Medicaid expenditures. Adults 21 and older account for 29 percent of Medicaid participants, but 67 percent of Medicaid benefit dollars. A more detailed look shows that 27 percent of the Medicaid population are disabled and elderly, but this group accounts for 68 percent of total Medicaid expenditures.

SFY 2005 Percent of Enrollees and Expenditures for Children and Adults

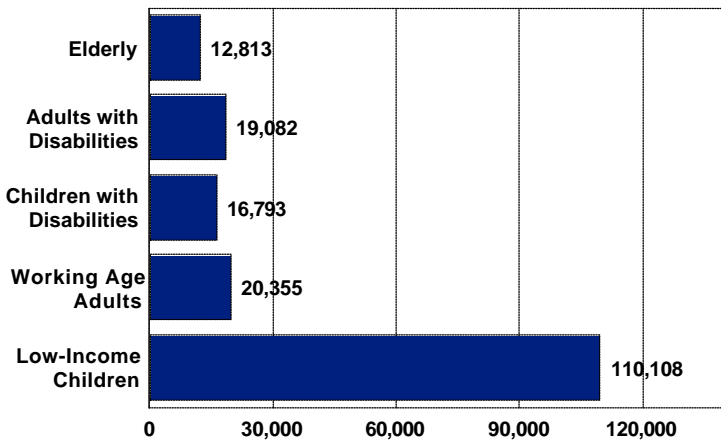


Medicaid Participants and Expenditures by Age

Children up to age 21 make up the greatest number of Medicaid enrollees. During SFY 2005, each child cost, on average, \$236 per month, compared to \$229 per month in 2004. Total enrollment for this age group in 2005 was approximately 127,000, including CHIP, Katie Beckett, and those children retroactively eligible.

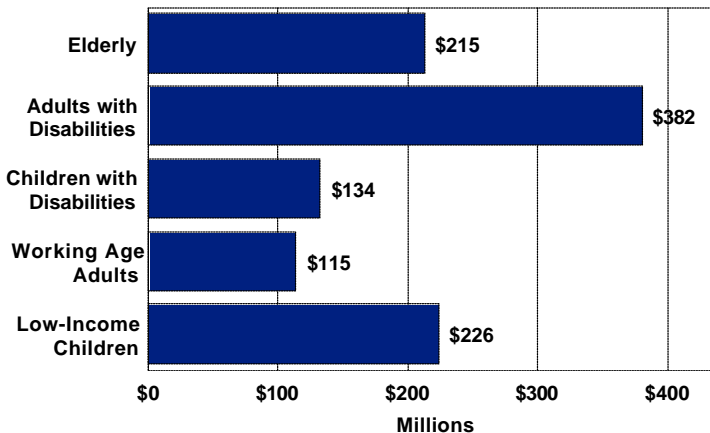
By far, the largest expenditure was for aged, blind, and disabled adults. Although that population is less than 32,000, expenditures totaled \$597 million in SFY 2005. By comparison, expenditures for low-income children totaled \$226 million, with the population a little over 110,000. Although increases in enrollment impact spending, several other factors weigh more heavily in increased costs. These include new medical treatments, more sophisticated tests, and more use of advanced prescription drugs. Medicaid enrollment in SFY 2002 was 141,954. In SFY 2005, this number grew to 170,512, a 20 percent increase.

SFY 2005 Medicaid Enrollees



This chart includes people eligible retroactively. A person meeting eligibility requirements can enroll in Medicaid after initial services are provided. Medicaid will pay their claims up to 90 days retroactive to enrollment, if they were eligible when services were provided.

SFY 2005 Medicaid Expenditures

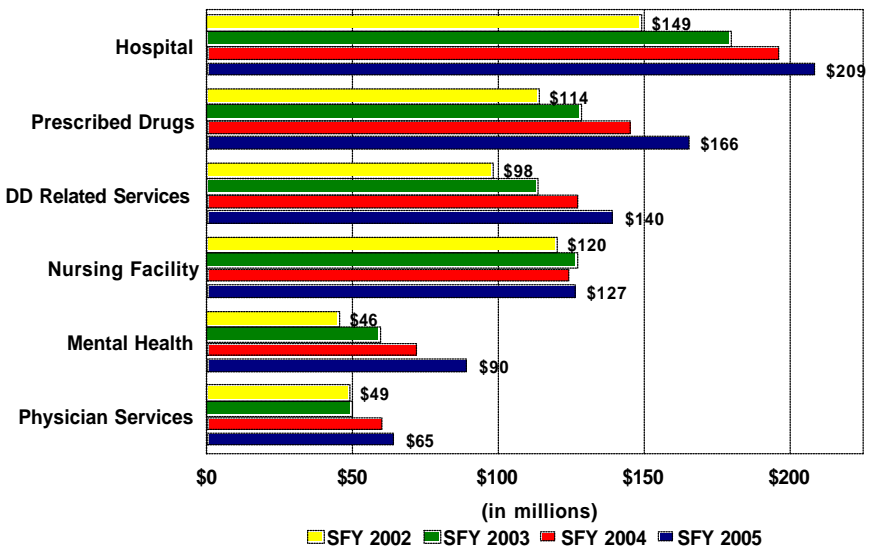


Medicaid-Covered Services Expenditures

The hospital expenditures category continues to be the most costly service for Medicaid, with \$209 million spent in SFY 2005. Prescription drug costs remain the second most expensive category in SFY 2005 at \$166 million. Medicaid receives rebates from pharmaceutical companies, which are required under federal law. For SFY 2005, Medicaid received \$46 million in rebates. The \$46 million is not included in the chart below because rebates collected in one fiscal year may be for expenditures in the previous fiscal year.

In SFY 2006, we anticipate substantial changes in pharmacy expenditures and rebates because of the new Medicare Part D program. That program will pay drug costs of thousands of Medicaid clients who also receive Medicare benefits. This will reduce Medicaid pharmacy costs by several million dollars, but also will reduce rebates Medicaid receives from pharmaceutical companies. Even with this change, prescription drugs will remain one of Medicaid's largest expenditure categories.

Top Six Medicaid Services Expenditure Categories



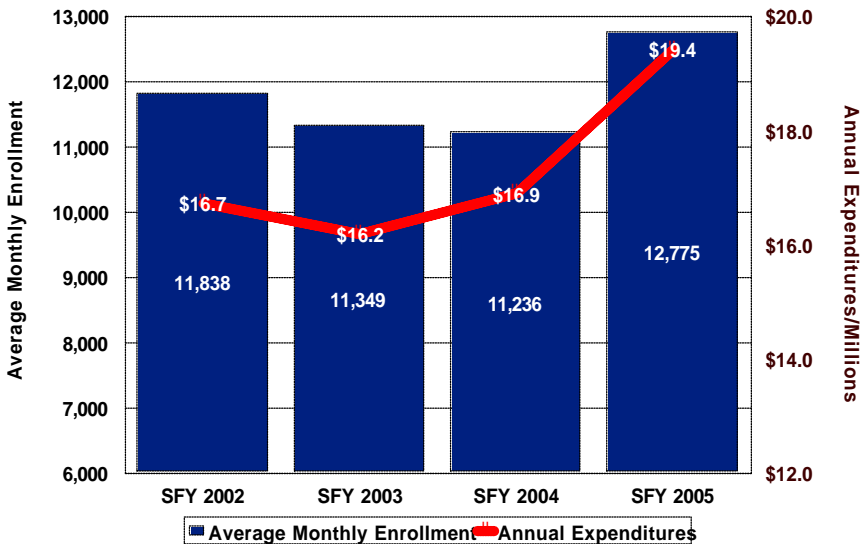
Children's Health Insurance Program (CHIP)

Since it began in 1997, CHIP programs have become a mainstay in providing health insurance for children of low-income families. The first CHIP program, sometimes called CHIP-A, provided health care coverage for children whose families were at no more than 150 percent of the federal poverty level. Newer programs, including CHIP-B and the Access Card, provide coverage for children of families up to 185 percent of poverty.

Children from families who qualify can be insured up to their 19th birthday. There were about 13,000 children enrolled in 2005. Monthly average enrollment was 12,775. This represents a significant increase from the previous year due largely to implementation of CHIP-B.

It costs an average of \$121 per month to insure a child in the combined CHIP programs. The federal government funds 80 percent of this cost, and the state pays 20 percent. The state's share is approximately \$25 per month for each enrolled child.

**Title XXI CHIP Average Monthly Enrollment
and Annual Expenditures**



CHIP-B and the Access Card Programs

The CHIP-B/Access Card Program has grown steadily since it began enrolling children in 2004. By the end of SFY 2005, it provided health insurance to about 2,015 children whose parents have incomes up to 185 percent of poverty. A family of four with household income of almost \$35,000 may be eligible to obtain health insurance for their children up to age 19.

CHIP-B provides a basic health insurance program and requires parents to pay a premium of \$15 per month for each child enrolled.

The Access Card provides insurance through an employer or private insurance company. The Department assists families by paying up to \$100 per month for each child enrolled, with a maximum of \$300 per month for each family to purchase insurance through the Access Card. Benefits under the Access Card vary according to the insurance policy purchased. At the end of SFY 2005, 127 children were enrolled.

A pilot program for an Adult Access Card was launched in 2005. Up to 1,000 adults employed by small businesses, and with incomes up to 185 percent of poverty, are eligible for coverage. By the end of calendar year 2005, 250 people had enrolled.

Bureau of Facility Standards

The Bureau of Facility Standards surveys, inspects, and licenses all health care facilities in the state, including nursing homes, hospitals, and Residential and Assisted Living Facilities (RALFs). The bureau serves and protects all Idahoans who require health-related services, supports, and supervision in care facilities. The bureau promotes individual rights and safety by enforcing compliance with state rules and federal regulations.

Bureau staff worked closely with caregivers and advocates in 2004 to rewrite the statute and rules governing RALFs. Over the last few years, RALFs have taken an increasing role in health care. The aging population's demand for care in a setting other than a skilled nursing facility prompted rapid growth in the number of RALF beds in Idaho since 2000 — there were more than 6,400 by the end of the SFY 2005, an increase of 24 percent over the last five years. This growth far outstripped the Department's ability to meet inspection and monitoring requirements to ensure public safety. The addition of four more surveyors in 2005 relieved some of the demand, but a new statute and supporting rules will help the bureau meet requirements for this type of long-term care in the future.

With the assistance of various health care representatives, a new statute and rules were written to protect public safety for RALF residents; the 2005 legislature approved the statute, and it went into effect in July. The legislature will consider new rules to support it when lawmakers convene in 2006.

Under the new statute and proposed rules, facilities that maintain a high level of quality services will not be inspected as often as those that have health or safety concerns. In this way, the bureau can concentrate and work with RALFs that need assistance.

With 48 full-time and three part-time staff, the bureau is responsible for surveying, inspecting, and licensing nearly 700 facilities that provide 16,000 health care beds in Idaho.

Health Care Facilities Licensed in Idaho

Type	# of Facilities	# of Beds
Hospitals	49	3,317
Residential and Assisted Living	269	6,417
ICF/MR	64	564
Nursing Home	80	6,148
Other*	<u>224</u>	<u>NA</u>
Total	686	16,446

**Other can include home health agencies, rural health clinics, hospice, outpatient speech therapy, and renal dialysis centers.*

Survey Activity in FFY 2005*

Type	Survey Activity
Hospitals	45
Residential and Assisted Living	276
ICF/MR	119
Nursing Home	249
Other	<u>78</u>
Total	767

**Survey activity includes surveys, follow-up visits, complaint investigations, recertifications, and fire and safety inspections. It is the number of visits we make to facilities to ensure health and safety standards are followed to protect some of our most vulnerable citizens.*

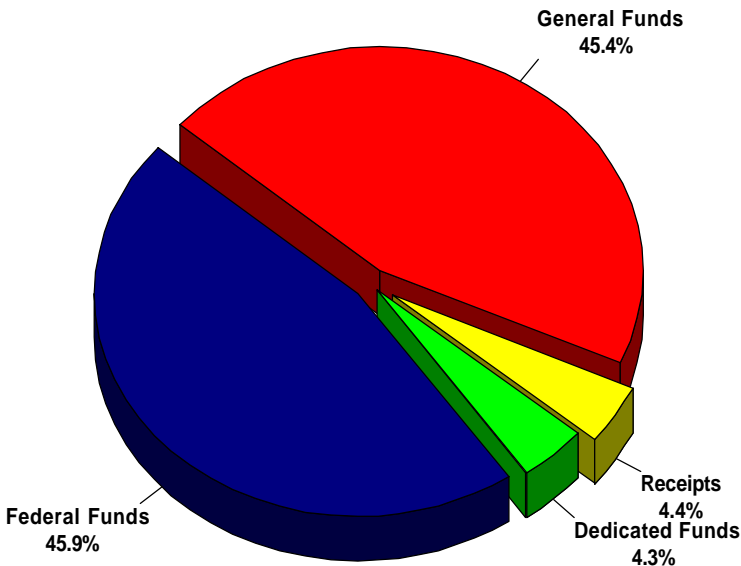
Division of Family and Community Services

Ken Deibert, Administrator, 334-0641

The Division of Family and Community Services directs many of the Department's social services programs. They include child protection, adoption, foster care, children's and adult mental health, developmental disabilities, screening and early intervention for infants and toddlers, and substance abuse prevention and treatment. Programs work together to provide services for children and families that focus on the entire family, building on family strengths, while supporting and empowering families.

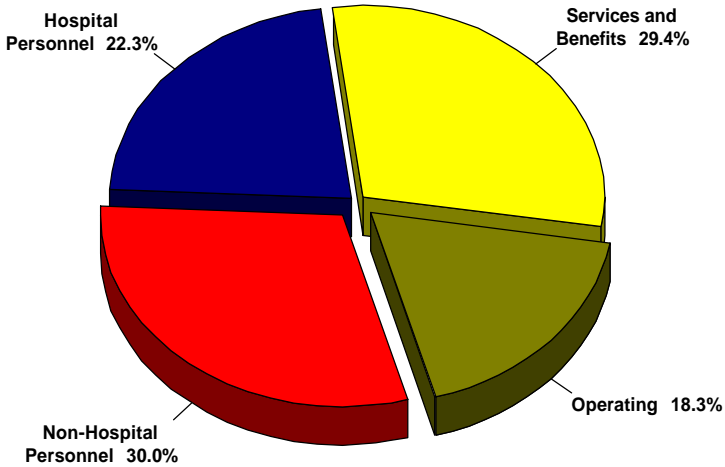
The three state hospitals also are part of this division. In Blackfoot, State Hospital South provides treatment services for adults and adolescents with serious mental illness. In Orofino, State Hospital North also serves adults with serious mental illness. In Nampa, Idaho State School and Hospital provides residential care for people with developmental disabilities who experience severe behavioral or significant medical complications.

FACS SFY 2006 Funding Sources



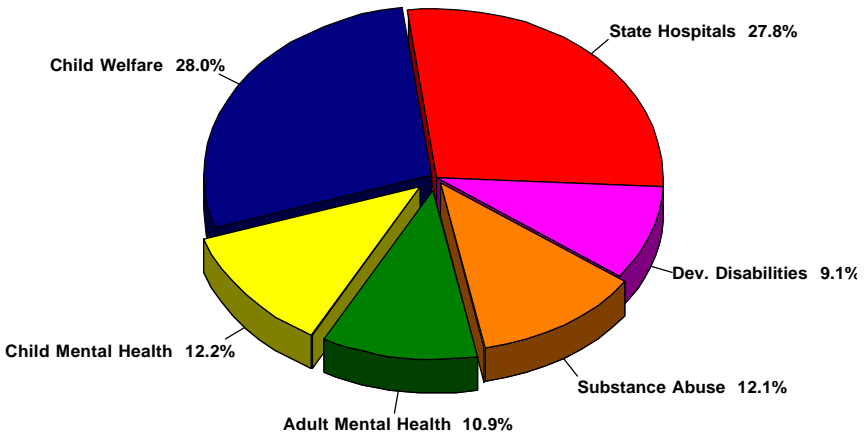
Authorized FTP: 1,594.3; Original Appropriation for 2006 — General Fund: \$66.3 million; Total Funds: \$146 million; 9.1% of Health and Welfare funding.

FACS SFY 2006 Expenditure Categories



Note: Personnel costs account for a greater share of expenditures in FACS because of the nature of community-based, client-focused services and 24-hour-a-day, seven-days-a-week staffing levels required at the state hospitals.

FACS Spending by Program



Note: The Substance Abuse Program is administered by FACS but is funded through the Division of Health. Both charts above include Substance Abuse as a FACS program. Child Welfare includes Child Protection, Foster Care, and Adoption.

FACS Division Highlights in 2005

Eight new Assertive Community Treatment team positions were added to the adult mental health program to support Mental Health Court development in Kootenai, Idaho, Clearwater, Twin Falls, Bannock, Bingham, and Madison counties. Idaho's Mental Health Court model allows non-violent offenders to receive intensive, integrated mental health and substance abuse treatment under direct supervision of a judge with support from a community-based multidisciplinary team. The program assists each person in achieving long-term stability in their home community and has been very effective in reducing the time participants spend in jail or in the hospital. These positions were assigned to regional programs, according to service component plans developed by Regional Mental Health Boards.

The Idaho Infant Toddler Program successfully evaluated the developmental status of more than 400 children, birth to three-years-old, who were involved in substantiated cases of neglect or abuse. This was a new requirement in accordance with amendments to the Child Abuse Protection and Treatment Act in 2004.

Demand for early intervention services continues to grow. In SFY 2005, the program experienced a nine percent growth in children served, which is challenging the program's ability to respond to families needing services. In SFY 2005, services for more than 400 children were delayed due to growing enrollment and the accompanying strain on resources. Of the children who received services, parent satisfaction remains high. Participant surveys indicate more than 90 percent of respondents felt their children benefited from early intervention.

The Children's Mental Health Program experienced a significant increase in services for children in 2005. Assessments increased more than 27 percent, psychosocial rehabilitation services increased by 34 percent, and case management by 15 percent. More than 35 local Children's Mental Health Councils have received charters to develop community-based, local systems of care for children with a Serious Emotional Disturbance (SED) and their families. Local community councils work with Wraparound Specialists in bringing together necessary professional services and natural supports that increase the capacity for children with SED and their families to live, work, learn, and participate fully in their communities.

State Hospital South received accreditation from the Joint Commission on Accreditation of Health Care Organizations in June. This is the gold seal of approval for quality care in the hospital industry. In Orofino, State Hospital North celebrated its centennial in July, marking 100 years of caring for people with mental illness.

2-1-1 Idaho CareLine

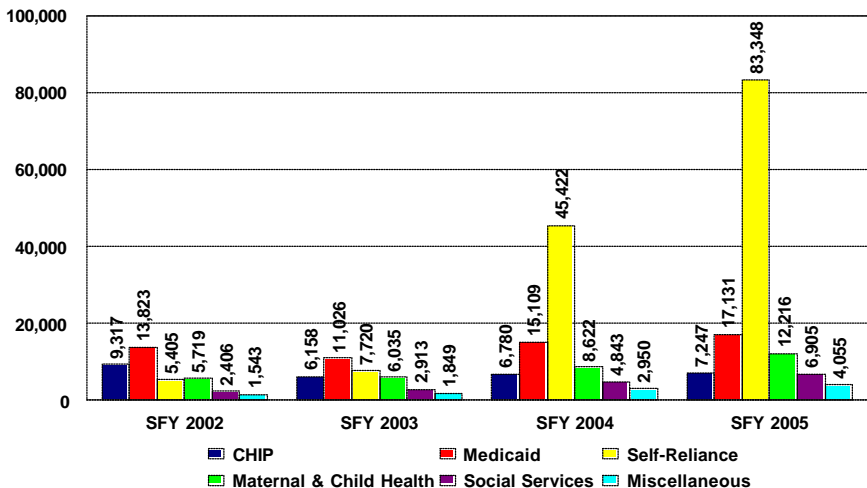
2-1-1 Idaho CareLine is a toll-free, bilingual telephone information and referral service linking citizens with health and human services in Idaho. It is the central directory for Department programs and community resources with a database of more than 3,000 programs. Services were provided to 130,902 callers in SFY2005 by eight full-time resource specialists.

2-1-1 Idaho CareLine is one of several partners to 2-1-1 service in Idaho. 2-1-1 is a national initiative providing an easy-to-remember, three-digit phone number for information and community resources. Idaho was the fourth state in the nation to offer this service statewide. Since 2002, 2-1-1 rings to the Idaho CareLine. Callers also can use 1-800-926-2588.

Calls increased 56 percent over SFY 2004, primarily due to greater public awareness of the 2-1-1 service and use of 2-1-1 as the statewide entry point for the Idaho Child Care Program. More than 58,000 calls concerned child care. 2-1-1 Idaho CareLine helps callers Monday through Friday, 8 a.m. to 6 p.m., Mountain Time.

Note: For more information and a searchable database, visit www.idahocareline.org.

Number of Calls Received by the Idaho CareLine



Note: The SFY 2006 Self-Reliance number, 83,348, reflects calls concerning services which help keep a family stable – emergency dental and medical, child care, Food Stamps, cash assistance, child support, housing, rent, and utility assistance. Child care is the biggest percentage of these calls.

Children and Family Services

Children and Family Services is responsible for child protection, foster care, adoptions, compliance with the Indian Child Welfare Act, independent living for youth transitioning from the foster care system to adulthood, and children's mental health.

Child Protection

Example: A three-month-old baby's skull is fractured by her mother's boyfriend. Two other children live in the home. Child Protection is called by law enforcement.

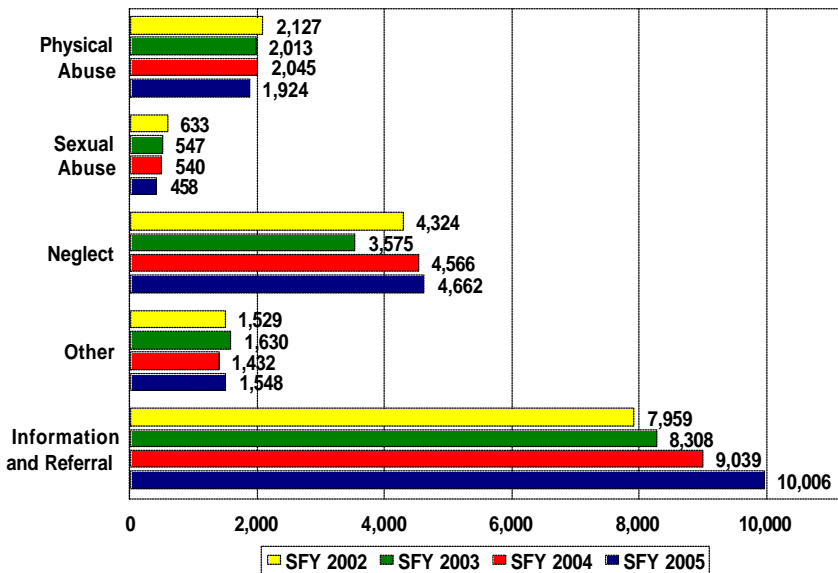
In SFY 2005, there were 8,592 child protection referrals from concerned citizens calling or coming into our offices to report they had reason to believe a child was being physically or sexually abused, neglected, or abandoned. Every referral requires an immediate assessment to determine a child's safety. In the majority of cases, services can help the family make it safe for the child to remain at home. For others, removal is the only safe alternative. More than half of all child protection referrals in Idaho come from educators, medical professionals, child care providers, social service providers, and other professionals.

Example: Four children ages 6, 4, 3, and 18 months are taken into custody after a police drug raid. The very best thing that can be done for these children is to keep them together during the crisis.

While the number of referrals has remained essentially the same in SFY 2004 and 2005, the number of children removed from their homes due to abuse or neglect continues to climb. One driving force is the rise in methamphetamine use. In Idaho, like many other states, this highly addictive substance severely impacts a parent's ability to care for their children and keep them safe.

During SFY2005, 3,197 children were placed in foster care. A licensed relative or non-relative foster family is needed to care for each child. On any given day in 2005, there were on average 1,600 children in foster care. While the majority of children who come into Department custody eventually return home, many will need someone else to care for them permanently.

Child Protection and Prevention Referrals



Note: In SFY 2005, there were 8,592 child protection referrals from concerned citizens. There were an additional 10,006 calls from people seeking information about child protection. Frequently, they are referred for services in other divisions or agencies. "Other" often includes prevention work by social workers for homeless families, the School-Based Prevention Program, voluntary service requests, and emergency assistance. "Neglect" includes abandonment, third-party referrals, court-ordered investigations, failure to protect or supervise, health hazards, and Juvenile Justice evaluations.

Foster Care

Example: A 12-year-old girl and her 18-month-old brother remain in foster care after their mother goes to prison for manufacturing methamphetamines, and no relatives are able to care for them.

The foster care program is critical to the success of the state's child welfare services system. Foster families, both relative and non-relative, open their hearts and homes to care for children who have been abused, neglected, or are experiencing other serious problems within their families.

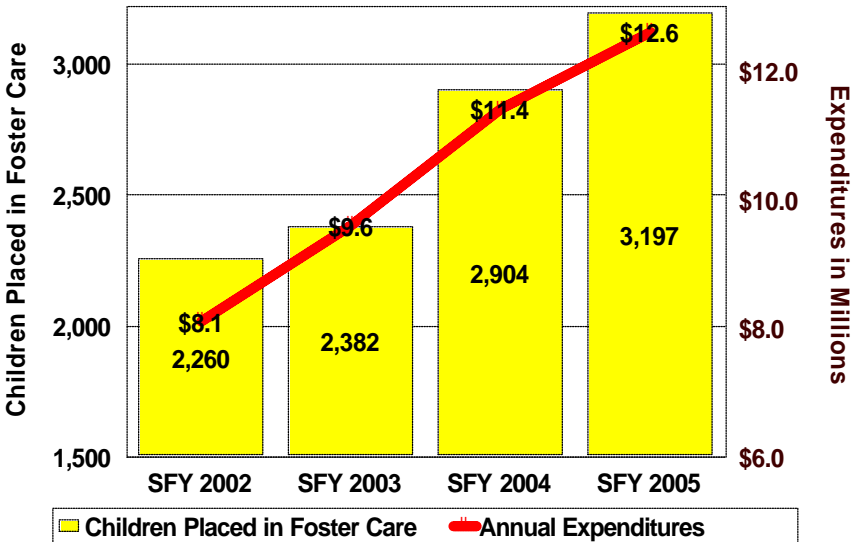
Foster families provide a temporary, safe environment that protects and supports children when their own families are unable to do so. The program provides services to the entire family, with the goal of reuniting the family once the home environment becomes safe for the child's

return. In some instances, when a child's family is unable to make necessary changes to protect their children, the foster family may be considered a permanent placement for a child through the state's adoption program. Other permanent placements include relative care or legal guardianship.

The need to recruit and retain foster families is critical as the number of children coming into foster care continues to rise. In 2005, there were 3,197 children placed in foster care, a 10 percent increase from 2004. Children in foster care have unique family needs, such as brothers and sisters staying together, older youth, and those with emotional and behavioral issues. Some need families of Hispanic or Native American heritage to provide cultural compatibility.

To address these needs, the Department continues its aggressive, statewide foster parent recruitment and training through advertising, open houses, and community partners, along with letters and presentations to the faith-based community and area businesses.

Children Placed in Foster Care and Annual Expenses



Note: This chart shows total number of children served annually. On June 30 each year, a count of children in foster and residential care is taken. In 2002, there were 1,215 children in state care. This increased 46 percent to 1,778 children in 2005.

Independent Living

Example: An 18-year-old former foster youth obtains a federal Educational Training Voucher which helps her pursue a college degree. She wants to be an elementary school teacher.

Idaho's Independent Living Program assists older foster youth transition successfully from foster care placement to living as self-reliant adults. The program provides funds and services that address employment, education, housing, and personal needs.

During the past year, 725 foster youth between the age of 15 and 21 received services through the Independent Living program. In addition, Family and Community Services collaborated with several partners throughout Idaho to provide support to more foster youth preparing for the challenges of adult living.

The Department, along with the Casey Family Program, supports development and growth of the Foster Youth/Alumni advisory group. Membership includes youth in foster care and those who have transitioned out of foster care. These young people are committed to bringing attention to the need for ensuring that a strong, safe, supportive foster care program exists for children who cannot remain in their own homes.

In 2003, Congress initiated the Education and Training Voucher Program. Education is a significant component in preparing many foster youth for successful independence. Youth who have been in foster care and have received their high school diploma or GED may be eligible for funds. During the 2004-2005 academic school year, 29 youth participated in this program.

Adoption

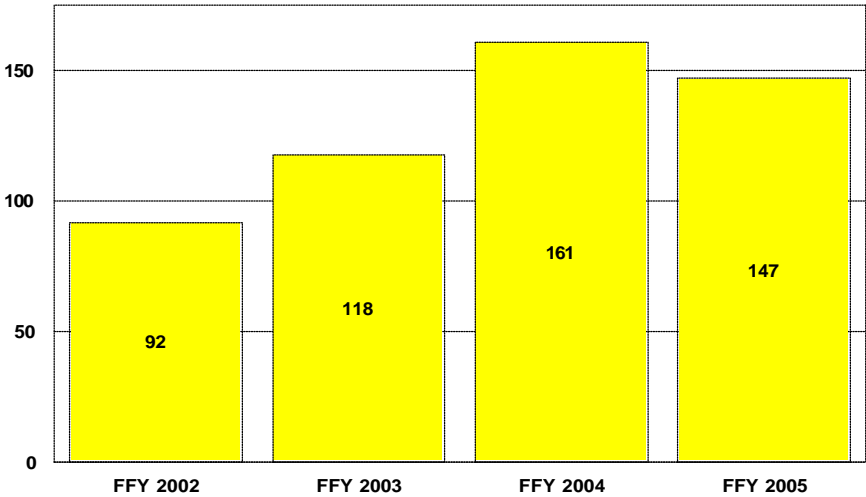
Example: Following repeated sexual abuse by her father and rejection by her parents, a 13-year-old girl is adopted by relatives.

The Idaho Department of Health and Welfare's Children and Family Services Program provides adoption services for children whose parental rights have been terminated by the court. These children often have special needs, physical, mental, emotional, medical disabilities, or they are part of a sibling group who must stay together. Some children are older, which can make it more difficult to find an adoptive family.

Recruiting specific families for individual children requires a variety of strategies and collaboration with partners. Wednesday's Child continues to be a key resource in finding families for individual children in a timely manner. The adoption program's goal is to finalize adoption of a child who cannot return to their home within 24 months of removal.

Adoptive families who adopt special needs children are eligible to apply for federal or state adoption assistance benefits to help meet expenses associated with finalizing an adoption and other needs.

Adoptions Finalized



Monthly Adoption Assistance SFY 2005

Adoption Assistance	Number of Children	Average Monthly Payment
Federal IV-E	846	\$323
State	<u>143</u>	\$285
Total	989	

Idaho's Program Improvement Plan

Children and Family Services participated in the federal Child and Family Services Review in May 2003, the 38th state to undergo this intensive process which studies each state's child welfare system and works with states to improve outcomes.

Like all states, Idaho did not meet minimum federal standards in every area and was required to develop a Program Improvement Plan (PIP). Thirty-nine community partners and 51 staff members were involved in developing Idaho's plan, which was presented to the U.S. Department of Health and Human Services in January 2004, and promptly approved.

In Idaho's PIP, Children and Family Services expanded its continuous quality improvement process. Every quarter, a team of trained case reviewers evaluates 50 randomly selected cases from different regions of the state. They use a standard case review instrument modeled after the Child and Family Services Review tool. In addition to looking at a case file, the review includes interviews with the child's parents, foster parents, social worker, and the social worker's supervisor. Following the review, the region gets feedback and prepares a plan for improvement, if results are below established goals.

Implementation of our PIP resulted in dramatic improvements in child welfare practice. Highlights include:

- Increased adherence to response timeframes in situations involving child abuse and neglect;
- Improved stability in foster care placements (less moving between homes);
- Increased contacts between workers, foster parents, children, and their family members;
- Development of standards covering critical facets of child welfare practice such as assessment, service planning, and frequency of monthly contact between the IDHW social worker and the parent and child;
- Strategies for increasing timeliness of permanency, striving for adoptions within 24 months of coming into foster care;
- Expansion of the new worker training academy; and
- Aggressive implementation of concurrent planning strategies, with planning targeted for reunification with a child's family and an alternative placement if the family is unable to care for the child.

Note: For more information, visit www.healthandwelfare.idaho.gov. Click on "Children," then "Abuse/Neglect" in the main menu.

Children's Mental Health Services

The Department of Health and Welfare provides a continuum of public mental health services for children with a Serious Emotional Disturbance (SED) and their families through outpatient and inpatient treatment or in residential settings. Services are delivered primarily through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho.

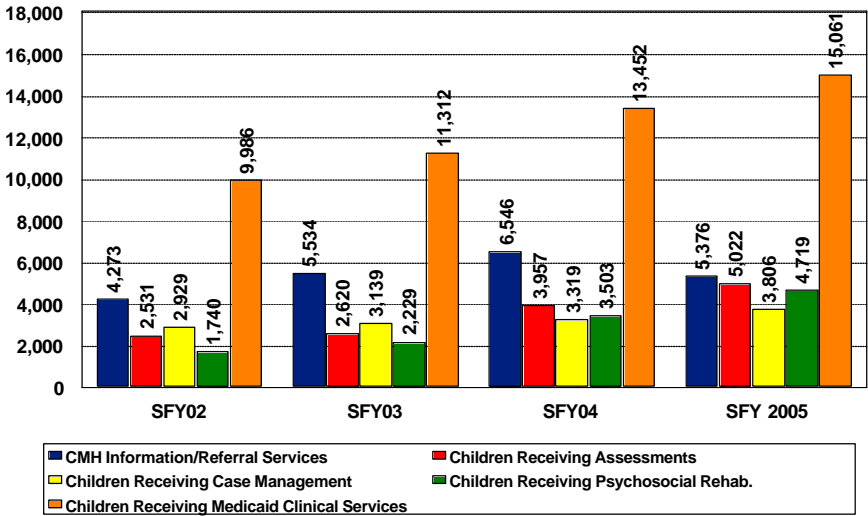
The children's mental health system is guided by the Children's Mental Health Services Act (CMHSA), which places the right and responsibility to access mental health services on parents and guardians. The Department's children's mental health services are voluntary and provided to eligible children.

Children must meet the Department's target population of having an SED to be eligible for services. SED is determined by a child/youth having a mental health diagnosis and impairment in their ability to function successfully in normal life areas, including school, home, and community. The CMHSA also allows judges to order involuntary services, but only in situations where children/youth are at immediate risk of causing life-threatening harm to themselves or someone else, or if they are at risk of substantially deteriorating to the point of causing a risk to their own safety.

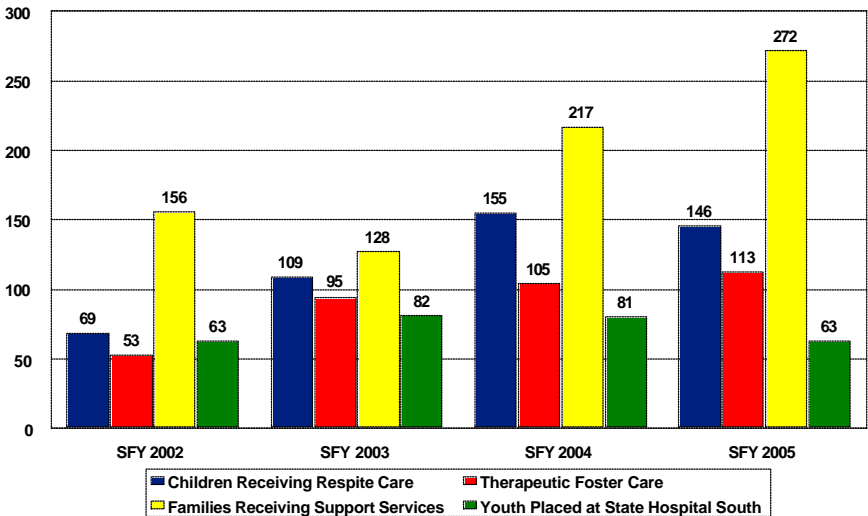
Beginning July 1, 2005, the court can order the Department to provide assessment and services for children under the jurisdiction of Juvenile Corrections or Child Protection Acts. Under court direction, the Department will provide an assessment and plan of treatment, if the court believes the child has an SED and prior services have not been effective, or the child cannot follow through with orders of the court, or presents a risk to themselves or others. Additionally, the court may convene a team to assist in assessment and development of a treatment plan.

A major goal in providing children's mental health services is to minimize the need for children to be placed outside their homes for necessary care. Treatment in the family home and community is less disruptive and more supportive of the family as they address the child's mental health needs. Community-based treatment also is more cost-effective, as it does not require a child to be placed in expensive hospitals or facilities.

Children Receiving Mental Health Services



Children and Families Receiving Support Services



Note: Regarding the chart bar (in blue) labeled "Children Receiving Respite Care," cases are counted based on the number of children involved, even though respite care services are for parents to get time away.

System of Care

The Children's Mental Health Program is developing a community-based System of Care for children with a Serious Emotional Disturbance (SED) and their families. This provides services and supports that increase the capacity for children with an SED and their families to live, work, learn, and participate fully in their community.

The Idaho Council on Children's Mental Health (ICCMH) is leading this effort under the direction of the Lieutenant Governor, and through statewide collaboration between directors of agencies that serve children, families, advocates, and mental health services providers.

The Department manages a Federal Cooperative Agreement to build infrastructure for the System of Care. This project, "Building on Each Other's Strengths," emphasizes development of a statewide system of care by providing opportunities for skills-building, community outreach, and progress monitoring.

ICCMH provides oversight to seven Regional Children's Mental Health Councils in Idaho's System of Care. Regional councils oversee more than 37 local Children's Mental Health Councils. Local councils are the focal point in communities for identifying community resources, outreach, and service planning. They work with Wraparound Specialists, who are program experts, who facilitate a coordinated, comprehensive case plan for children with an SED and their families.

Parents and family members play an essential role in developing the System of Care. They are involved in developing all levels, from their own service plans to policies and laws. Without parent involvement and the support necessary to sustain their involvement, the System of Care would not be able to achieve positive outcomes for children and their families. In Idaho, the System of Care has:

- Provided skill-building opportunities with a series of community meetings focused on strategic planning for regional and local councils;
- Facilitated a statewide children's mental health conference, with more than 350 participants attending;
- Developed a System of Care newsletter along with Internet information on news and activities; and
- Trained three local evaluation specialists who are parents of children with an SED. These parents conduct interviews with members of local councils throughout the state to evaluate progress and expertise of community-based local councils as they work with Wraparound Specialists, children, and families.

Adult Mental Health Services

Like most states, Idaho's community-based System of Care for adults focuses on assessment, treatment, and rehabilitation of people with serious and persistent mental illness, such as schizophrenia. This program helps to minimize rehospitalization, decrease criminal justice involvement, and enable consumers to live successful, productive lives in their communities.

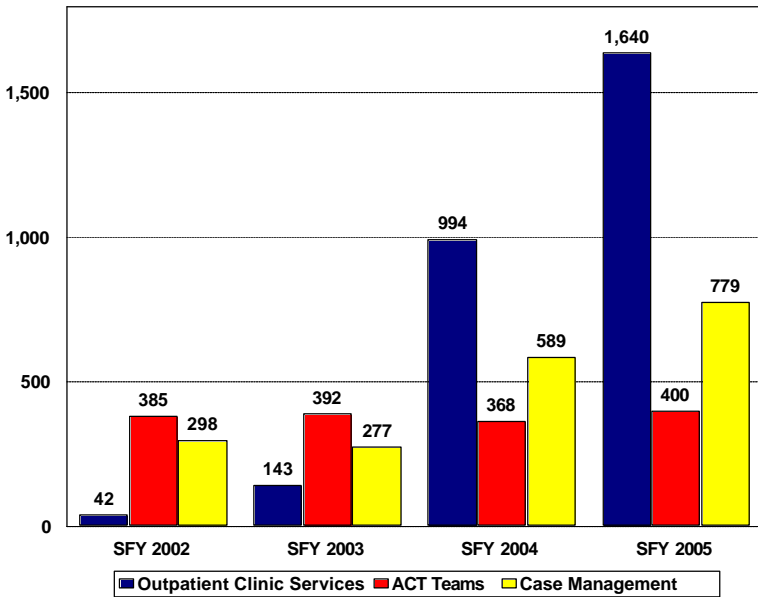
The two-fold focus of the State Mental Health System is to provide intensive treatment services for those who have an acute psychiatric crisis and to provide long-term, intensive services for those who have serious and persistent mental illnesses. Services include two broad categories: psychosocial rehabilitation and "other mental health services," which have continued to grow over the last three years.

These two categories include crisis intervention services, targeted case management to help link and provide access to supportive programs, and Assertive Community Treatment (ACT), an intensive treatment program that enables people with a serious and persistent mental illness to have shorter and fewer hospital stays and live in their communities. Services are provided primarily through a network of seven state-operated, regional community mental health centers working in collaboration with a growing private sector.

Adult Mental Health Services				
	SFY 2002	SFY 2003	SFY 2004	SFY 2005
Psychosocial Rehabilitation	2,520	2,466	2,815	2,836
Other Mental Health Services	<u>9,705</u>	<u>11,566</u>	<u>15,455</u>	<u>16,737</u>
Total	12,225	14,032	18,270	19,573

Note: An improved data collection system was implemented mid-2003. The new system counts people who receive face-to-face services, usually in crisis situations, but receive follow-up services from the private sector. Much of the increases are due to more accurate data collection of people accessing initial services, but not enrolling for continued services in the state System of Care.

Community-Based Adult Mental Health Clients



Note: Outpatient clinic services have been phased in since SFY 2002, with more regional mental health centers offering services each year.

The Federal Mental Health Block Grant Core Monitoring Report identifies notable achievements and programs for community mental health services in Idaho:

- Extensive involvement of consumers and family members in decision making;
- Collaboration with private agencies to provide mental health services;
- The state's positive response addressing the stigma of mental illness;
- The ongoing commitment to Idaho's Office of Consumer Affairs and Technical Assistance for Adult Mental Health, which serves adult consumers of mental health services;
- Continued use of the Assertive Community Treatment (ACT) Team model, nationally recognized as a best practice form of treatment, producing lower rates of hospital readmission; and
- A commitment to provide psychosocial rehabilitation as the core service component to community integration. Psychosocial rehabilitation treats the mental illness of clients, offers services in their communities, and helps them develop life skills.

Using national rates of occurrence, it is estimated that more than 52,000 adult Idahoans suffer from a serious mental illness, and 25,000 of those have a severe and persistent mental illness. The American Association of Suicidology ranks Idaho as having the ninth highest rate of completed suicides. The National Association of State Mental Health Program Directors places the state 42nd lowest in per-capita spending for adult mental health services.

Note: For more information about community-based adult mental health services in Idaho, visit www.healthandwelfare.idaho.gov. Click on "Health," then "Mental Health" in the main menu.

Idaho Mental Health Transformation Workgroup

Under the direction of Governor Dirk Kempthorne, Idaho initiated an Idaho Mental Health Transformation Workgroup (TWG). It consists of legislators, senior administrators, policy makers, and representatives from all major mental health stakeholder groups. The TWG is committed to transforming Idaho's mental health system by assessing mental health service needs across all populations and service areas, and developing and implementing a comprehensive state mental health services plan.

Idaho's vision for a Transformed Mental Health System is to create a comprehensive, integrated, outcome-driven, consumer- and family-guided System of Care. It will prevent or detect mental illness early and allow adults who have a serious mental illness and children with an SED to live, work, learn, and participate in their communities. Objectives include:

- Implementing a social marketing, workforce development, and suicide prevention plan;
- Training providers by consumers and family members in recovery models;
- Improving access to comprehensive, quality, culturally competent care, especially in rural areas, through integrated funding, service delivery, and technology;
- Early identification of mental illness;
- Individualized care plans for adults and children that link to clinical performance and outcome measures;
- Expanded use of evidence-based practices; and
- Protecting and enhancing rights of people who have a mental illness.

Implementing these objectives will create an infrastructure that improves access to care for adults and children with mental illnesses and substance abuse problems. It will result in early diagnosis and treatment, recovery, and cost savings by integrating a severely fragmented mental health services delivery system.

Suicide Prevention Services

In 2003, Health and Welfare collaborated with the Suicide Prevention Action Network of Idaho (SPAN Idaho) and representatives from public health, education, and communities to develop the Idaho Suicide Prevention Plan. It is based on the National Strategy for Suicide Prevention and outlines objectives and strategies communities can use to reduce the rate of suicide in Idaho, which is consistently higher than the national rate. The Department contracted with SPAN Idaho to implement several key activities to reduce suicides in Idaho, including:

- Implementing the state's prevention plan;
- Providing leadership and coordination of prevention activities;
- Developing a tool kit for suicide prevention for public use; and
- Conducting a statewide suicide prevention conference.

One of SPAN Idaho's primary objectives is to create an Idaho Suicide Prevention Council that can work with communities across the state to coordinate prevention activities. The council will promote communication and prevent duplication of services.

The tool kit is a collection of resources that will be offered and distributed to communities, organizations, and individuals working on prevention activities. It will include educational materials, community awareness resources, intervention strategies, screening and assessment tools, and training curriculum to help communities and groups organize prevention activities.

With Department support, SPAN Idaho presented its fifth annual Suicide Prevention Conference in November. It focused on educators, first responders, and clergy. The conference helped educate attendees to recognize and respond to individuals who show signs and symptoms of suicidal behavior.

Note: For more information on the Idaho Suicide Prevention Plan, visit www.healthandwelfare.idaho.gov. Click on "Health," then "Mental Health," then "Adult" in the main menu.

Suicide Rates

Idaho and other northwest states historically have the highest suicide rates in the nation. In 2002, the latest year for comparable state data, Idaho had the ninth highest suicide rate in the nation, according to the National Center for Health Statistics. Among teens, Idaho's rate was the eighth highest in the nation.

According to the 2003 Youth Risk Behavior Survey, 8.6 percent of Idaho students in grades 9-12 attempted suicide in the 12 months preceding the survey, and 2.7 percent of students had suicide attempts that required medical attention.

In response to suicide, which accounts for the most intentional injury fatalities in Idaho, the Injury Prevention Program facilitated a statewide suicide prevention plan in 2004. In the near future, this program, along with community partners, aims to secure resources to allow components of the plan to be implemented.

Completed Suicide Rate by Age*

	10-14	15-19	20-64	65+	Total
CY 2001	1.9	21.7	19.5	26.9	16.1
CY 2002	1.9	13.7	18.7	26.5	15.1
CY 2003	2.8	13.8	21.3	19.9	16.0
CY 2004	2.9	13.8	22.9	21.4	17.2

**Rate per 100,000 population.*

Completed Suicides by Age

	10-14	15-19	20-64	65+	Total
CY 2001	2	24	147	40	213
CY 2002	2	15	145	40	202
CY 2003	3	15	169	31	218
CY 2004	3	15	187	34	239

Substance Abuse Services

The Department's substance abuse services include prevention and treatment programming, prevention and treatment staff development, prevention and treatment program approval, and DUI evaluator licensing. Services are administered through the Family and Community Services Division, but funding is provided through the Division of Health's appropriation.

The Department partners with Regional Substance Abuse Authorities to assess regional needs and assets for substance abuse prevention and treatment services. The partnership sets local service priorities, allocates available resources, and evaluates effectiveness of programs. Services are delivered through contracts with private and public agencies, with a focus on best practices and evidence-based programs.

Substance abuse prevention services use an array of strategies to target populations, ranging from early childhood to adults. Prevention services are designed to foster development of anti-use attitudes and beliefs and to facilitate development of social and learning skills that enable youth to lead drug-free lives. Services include education of youth and parents, programs for children of addicts, mentoring and after-school programs, life skills programs, and community coalition building.

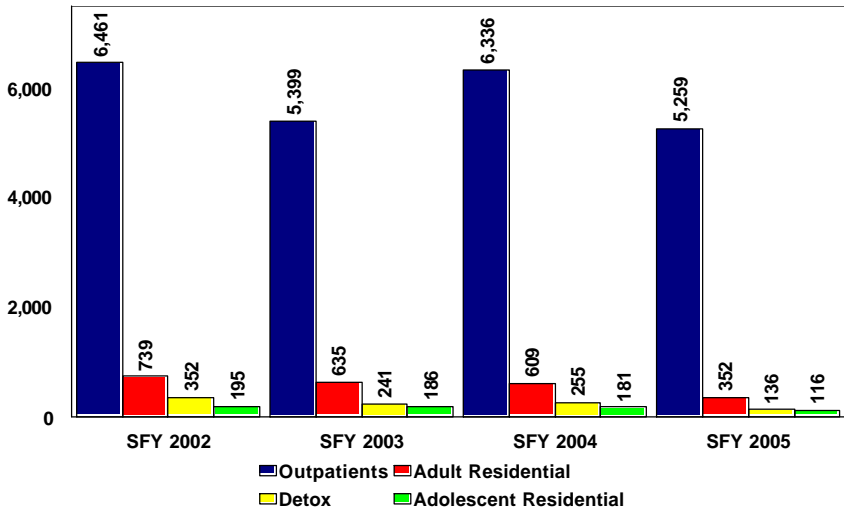
The goal of treatment services is to eliminate dependence on alcohol and other drugs. Throughout the state, the Department has established substance abuse treatment services for indigent citizens abusing or dependent on alcohol or other drugs. The continuum of community-based care for adults includes social setting detox, residential (24-hour-per-day) treatment, intensive outpatient treatment, outpatient treatment, and halfway houses. Specialized treatment services also are available for pregnant women, women with dependent children, and adolescents.

In August 2004, Idaho was awarded a Substance Abuse and Mental Health Services Administration Access to Recovery (ATR) grant. Idaho was awarded \$7.6 million per year for three years, for a total of \$22.8 million. Idaho's program is designed to expand the state's continuum of treatment services, reaching people who previously were unable to access services. The program allows clients to select a provider from a menu of assessment, clinical treatment, and recovery support service providers. Idaho is working to involve faith community recovery advocates, community and tribal health clinics, community and tribal social services providers, and state services in its system. ATR-funded direct treatment services were initiated in April 2005.

The Department also funds Addiction Studies Programs at Boise State University, the College of Southern Idaho, Lewis-Clark State College,

Idaho State University, and the University of Idaho. Instructors and program coordinators from these programs and the Department have developed and implemented a competency-based curriculum on campus and online to prepare Certified Alcohol Drug Counselors.

Adult and Adolescent Substance Abuse Clients Per Service



Note: The numbers for SFY 2004 are corrected from last year. Transition to a new client tracking system in SFY 2004 duplicated the counts for some clients receiving multiple services.

Substance Abuse Clients by Primary Substance

In July 2003, the substance abuse program initiated a four-year strategic venture to improve performance of the Department's substance abuse treatment System of Care. This includes an emphasis on clinical supervision and a client's motivation to change. It also includes development of services for those with co-occurring disorders or issues, such as substance abuse and mental health disorders, substance abuse and criminal justice issues, and substance abuse and child protection issues.

In 2005, the typical adult in state-funded substance abuse treatment was white. Half of the abusers were male, half were female. Thirty-four percent were 25-34 years of age. Twenty-five percent were 35-44 years of age. Most clients lived independently. Half were employed or in school. The primary drug of choice continued to be alcohol (39%),

followed closely by methamphetamine (30%).

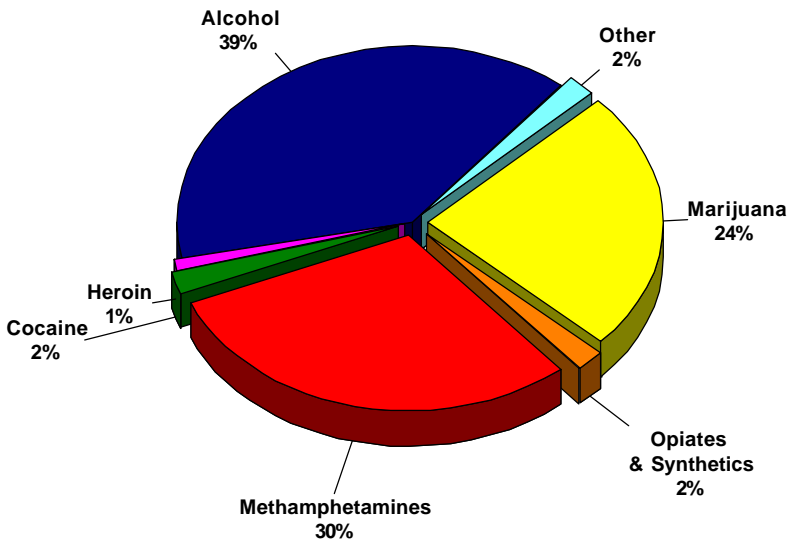
For adolescents, more than 90 percent in state-funded treatment were 15-17 years of age, and receiving treatment for marijuana addiction (48%).

In 2005, methamphetamine addiction within adult and adolescent populations dropped for the first time since 1997. In 1997, 16 percent of adult clients reported methamphetamine as their primary drug. During the next seven years, meth use increased to 24 percent in 2001 and to 31 percent in 2004. The number decreased in 2005 to 30 percent. Methamphetamine-specific treatment programs are more intensive, longer, and more expensive per client than other drug treatment programs.

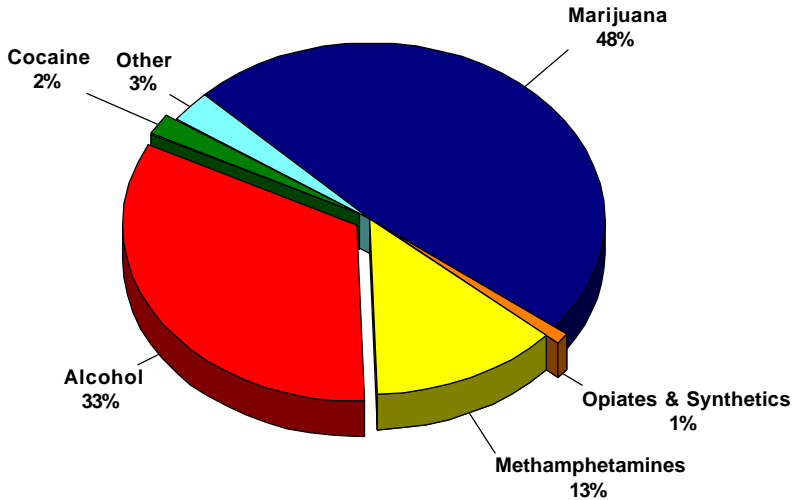
In 2000, the Department began a five-year plan to fund "best practice" substance abuse prevention programs. Today, 95 percent of funded programs meet this classification. The Department also is working with the Idaho Supreme Court to expand the number of Drug Courts in each judicial district. Drug Courts are proving to be very effective in addressing substance abuse.

Note: For more information, visit www.substanceabuse.idaho.gov.

Adult Substance Abuse Clients By Primary Substance SFY 2005



Adolescent Substance Abuse Clients by Primary Substance SFY 2005



The Idaho Tobacco Project

The Department of Health and Welfare and the Idaho State Police partner in the Idaho Tobacco Project. This collaborative effort blends merchant education, retailer permitting, and inspections for a comprehensive program to reduce sales of tobacco products to youth under age 18. The number of inspections conducted annually is determined by a formula that rewards retailers by reducing the number of inspections when the non-compliance rate (the percentage of time tobacco products are sold to inspectors) is low. The formula also increases the number of inspections per year when the non-compliance rate increases.

	CY 2002	CY 2003	CY2004	CY2005
Permittees	1,866	1,804	1,752	1,692
Inspections	2,840	1,529	1,955	1,826
Violations	312	244	221	220
Non-Compliance Rate	13.3%	15.6%	12.3%	12.38%

State Hospital South

Tracy J. Farnsworth, Administrator, 785-8402

State Hospital South in Blackfoot provides psychiatric inpatient treatment and skilled nursing care for Idaho's adult and adolescent citizens with the most serious and persistent mental illnesses. The hospital works in partnership with families and communities to enable clients to return to community living. The facility is accredited by the Joint Commission on Accreditation of Health Care Organizations, and is certified by the Center for Medicare and Medicaid Services. State Hospital South includes 90 psychiatric adult beds, 29 skilled nursing beds, and 16 beds for adolescents. It also maintains a statewide program to restore competency of criminal justice patients.

The 29 skilled nursing beds in the Syringa Chalet Nursing Facility offer services to consumers with a history of behavioral or psychiatric illness. The average age of a resident here is 69. Adolescents between the ages of 11 and 17 are treated in a psychiatric unit geographically separate from adult treatment.

Treatment is provided through an interdisciplinary team, including psychiatrists and other physicians, psychologists, nurses, therapeutic recreational specialists, and social workers. The team works with patients and their families to develop and implement individual treatment plans. Treatment includes evaluation, medications, individual and group therapy, education, recreation, and discharge counseling.

Inpatient Psychiatric/Skilled Nursing Services

	SFY 02	SFY 03	SFY 04	SFY 05
Utilization Based on Census Days				
Adult Psychiatric Census Days	29,163	28,962	27,299	27,620
Daily Occupancy Rate	88.8%	88.2%	82.9%	84.1%
Syringa Skilled Nursing Census Days	8,932	8,669	8,002	7,780
Daily Occupancy Rate	84.4%	81.9%	75.4%	70.0%
Adolescent Unit Census Days	3,693	4,073	4,033	3,901
Daily Occupancy Rate	63.2%	69.7%	68.9%	66.3%
Hospital Volume of Service				
Number of Admissions	365	402	369	405
Number of Census Days	41,788	41,704	39,334	39,301
Readmission Rates	38.4%	31.8%	39.6%	34.1%
Cost Per Census Day	\$408	\$396	\$427	\$438

Note: Census days are all days the hospital is responsible for each patient's care. The SFY 2005 expenses for State Hospital South was \$17.1 million, which includes \$9.6 million in state General Funds.

State Hospital North

Robert Bourassa, Administrator, 476-4511

State Hospital North in Orofino is a 50-bed psychiatric hospital that provides treatment for acute, court-committed patients in Idaho. The hospital works closely with regional mental health centers and other hospitals in an integrated care system. Referral, treatment, and discharge planning are all part of this coordinated effort.

Direct treatment within the hospital is provided by clinical interdisciplinary treatment teams including psychiatrists, a nurse practitioner, a non-psychiatric medical doctor, therapeutic recreation specialists, nurses, clinicians, and a dietitian. The clinical staff provides evaluations, medications, individual and group therapies, community integration, recreational and educational activities, and discharge planning.

Both state mental health hospitals have involuntary psychiatric patients on a waiting list for inpatient services because public hospital beds are full. The Department is considering a proposal to increase the census at State Hospital North by expanding the number of beds from 50 to 55.

In addition, state hospitals do not provide emergency detention prior to commitment. Local and county officials are concerned about patients who do not have convenient access to private facilities or cannot easily be managed in a private setting, while patients complete the commitment process.

In SFY 2005, State Hospital North admitted fewer patients due to extended lengths of stay for complex discharge issues and difficult community placements.

Inpatient Psychiatric Services

	SFY 02	SFY 03	SFY 04	SFY 05
Utilization Based on Census Days				
Average Daily Census	47	47	45	44
Daily Occupancy Rate	94%	94%	88%	88%
Hospital Volume of Service				
Number of Admissions	241	239	228	192
Number of Census Days	17,468	17,152	16,446	16,285
Readmission Rates				
Cost Per Census Day	37%	39%	32%	38%
	\$358	\$326	\$355	\$380

NOTE: Census days are all days the hospital is responsible for each patient's care. The SFY 2005 expenses for State Hospital North was \$5.9 million, including \$4.6 million in state General Funds.

Developmental Disabilities Services

This program manages and delivers services for people with developmental disabilities, ranging in age from infants to senior citizens. Through partnerships with community members, the program makes service choices available for consumers and their families, allowing them to strive for self-direction and fully participate in their communities.

Family Supports

The Family Support Program funds assist families in caring for family members with developmental disabilities at home. Funds pay for assistance unavailable from other sources. They often are combined with other donated community funds or resources to buy items like wheelchair ramps. In SFY 2005, 618 Idaho families received \$238,693 worth of goods and services from this program.

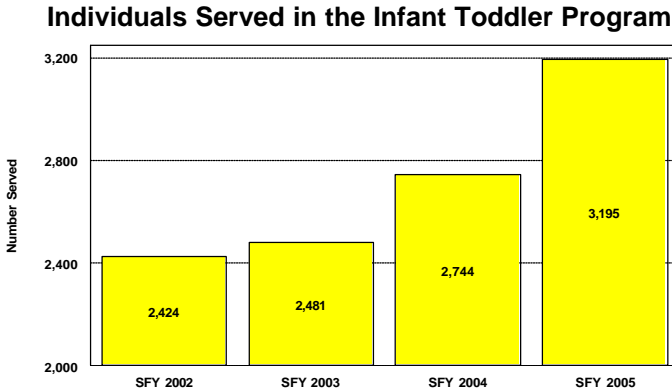
Idaho Infant Toddler Program

The Idaho Infant Toddler Program coordinates early intervention services for families and children with special needs from birth to three years of age. The program partners with agencies, private contractors, and families to plan comprehensive, effective services to enhance each child's developmental potential. The five most frequently provided services are Speech/Language Therapy, Developmental Therapy (special instruction), Occupational Therapy, Physical Therapy, and Family Training, Counseling, and other Support Services.

Services are delivered according to an Individual Family Service Plan. Every effort is made to provide services in the context of the family's normal routines. More than 90 percent of services are delivered in the child's home or other typical environment. Prior to a child turning three and "aging out" of the program, transition plans are coordinated with local schools and other community resources to ensure a child continues to receive needed supports.

During SFY 2005, 1,507 children exited from this program. Eighteen percent exited before age three after achieving identified developmental goals. Forty-five percent exited at age three and were identified as eligible for continued services in Special Education. Others who exited did not require Special Education, moved from the state, or no longer participated in services. The increase in children enrolled is due to the growing population and recognition of the importance of early development. Additional program growth is anticipated because of a

new federal requirement under the Child Abuse Protection and Treatment Act. Children up to three years of age involved in substantiated cases of abuse or neglect must be referred to the Infant Toddler Program for evaluation.

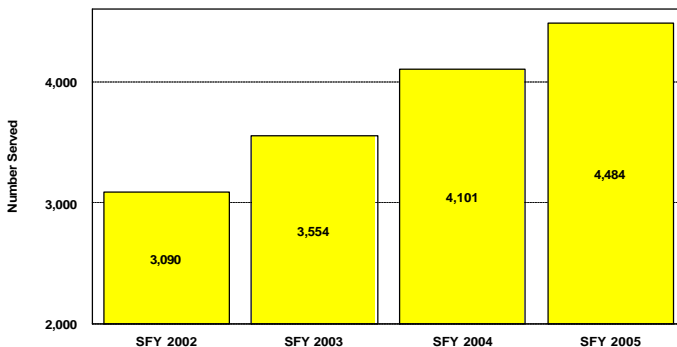


Note: The increase in children enrolled is due to the growing population and recognition of the importance of early development.

Service Coordination for Children From Birth to 21 Years of Age

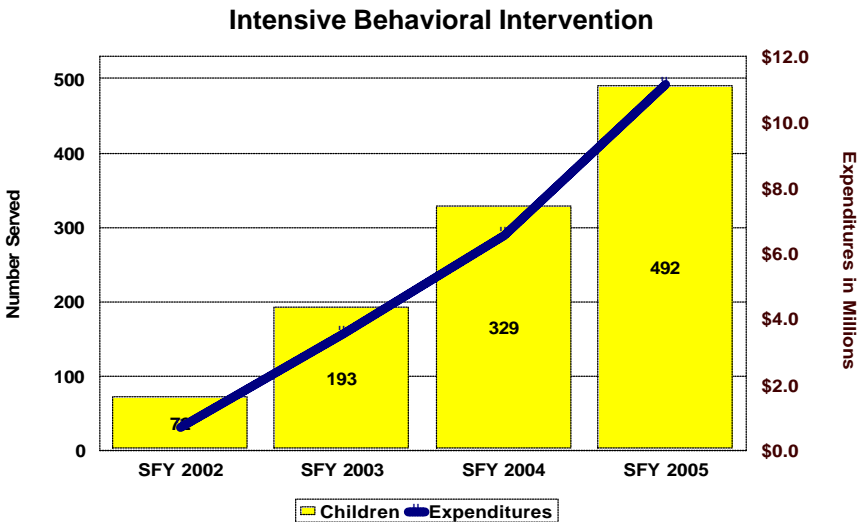
Service coordination is available for Medicaid-eligible children with developmental delays or disabilities, special health care needs, and severe emotional or behavioral disorders who require help to obtain and coordinate services and supports. In SFY 2005, 127 private service coordination agencies served 4,484 children at a cost of \$4.2 million.

Service coordination typically is delivered according to a plan created with the family of the child with developmental disabilities, the service coordinator, service providers, and others important in the child's life. Much of the growth in the number of children served is from increased identification of those with severe emotional or behavioral disorders.



Intensive Behavioral Intervention

Intensive Behavioral Intervention (IBI) is a Medicaid-reimbursed service delivered by developmental disabilities agencies. IBI is designed to be a time-limited service for children with developmental disabilities who display challenging behaviors. IBI therapists work with children to develop the positive behaviors and skills needed to function in home and community environments. IBI is delivered by Department-certified IBI professionals and paraprofessionals. All IBI services are reviewed and prior-authorized by Developmental Disabilities Program clinicians every four months. IBI first was offered as a service in SFY 2001, and has grown significantly throughout the state. In SFY 2005, 492 children were served at a cost of \$11.1 million.



Court-Related Services

The Department conducts court-ordered evaluations and reports for guardianship requests and commitment orders for people with developmental disabilities. This assures that unique needs of people with developmental disabilities are considered when courts make guardianship or commitment decisions. Multi-disciplinary teams of physicians, psychologists, and social workers complete these evaluations and court reports. Under orders of Idaho's district courts, the Developmental Disabilities Program provided evaluations for 105 guardianships during SFY 2005.

Idaho State School and Hospital

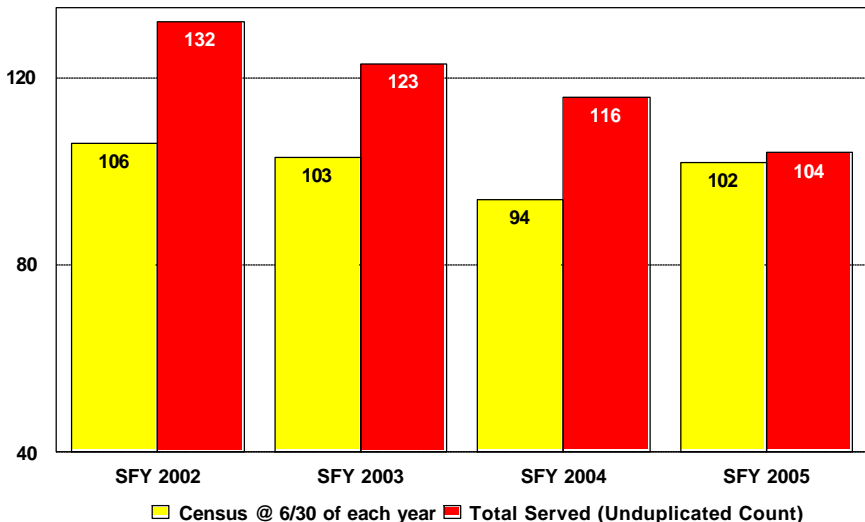
Barbara Stidham, Administrator, 442-2812

As part of the statewide developmental disabilities service delivery system, Idaho State School and Hospital (ISSH) provides specialized services for the most severely impaired people with developmental disabilities in the state. ISSH, an Intermediate Care Facility for the Mentally Retarded (ICF/MR), utilizes a variety of training methods to teach clients the skills they need for independent living. Improvements in community services have resulted in only the most severe clients being admitted to ISSH, with a gradual, but steady, decline in the number of individuals needing institution-based care.

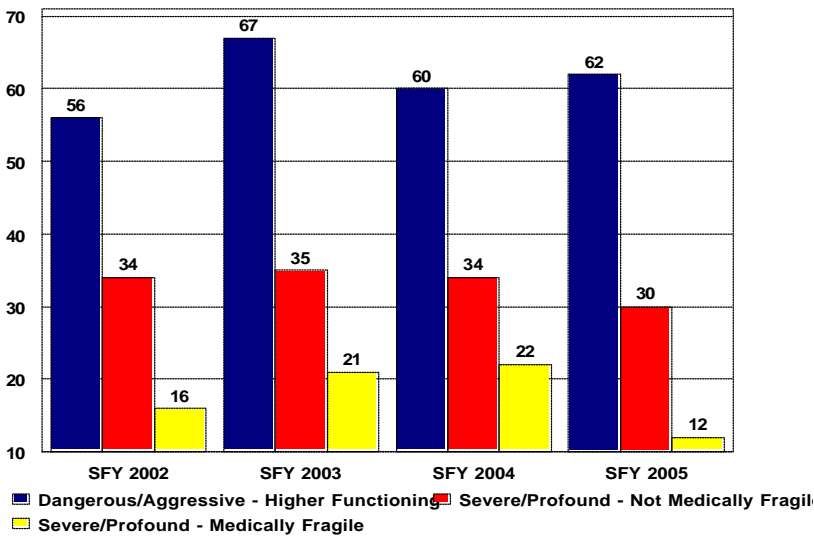
ISSH provides a safety net for some of Idaho's most vulnerable people who have no other placement options. ISSH provides care to individuals with disabilities who have exhausted all resources, or who are not successful in other settings. People also are referred to ISSH when private providers no longer can provide services to them, or their medical needs require more intensive care than can be provided in community settings.

ISSH also serves as a resource center for individuals in the community, providing training, assistance in locating alternative placements, and crisis prevention and intervention. As a resource center, ISSH helps keep individuals in their community homes.

Historical Look at Census and Clients Served

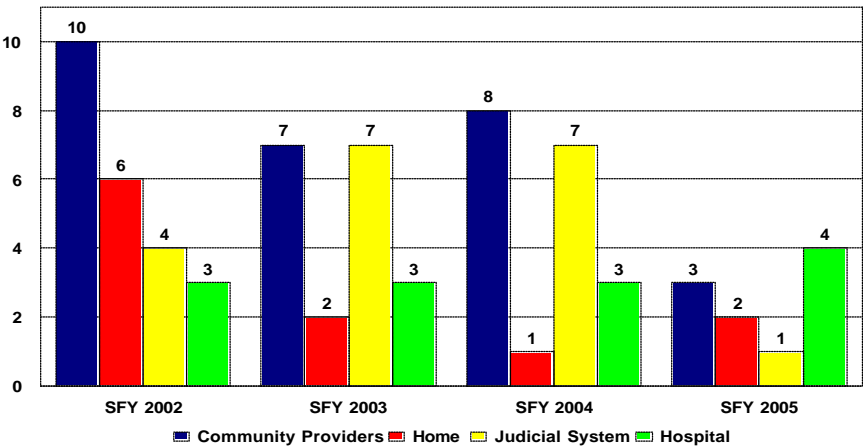


Demographics of Clients Served



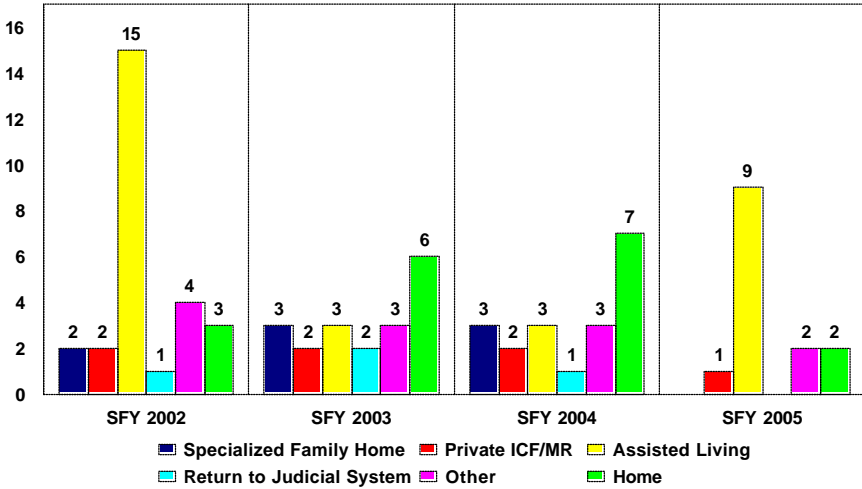
Many ISSH admissions come from community providers who cannot manage the client's behavior, with many others referred by the judicial system. These clients frequently are in crisis and need intensive treatment and behavior management. In SFY 2005, all admissions were clients who could not be successful in community settings or were referred to ISSH by the judicial system.

Types of Admissions



ISSH pursues the most appropriate placement opportunities for clients ready to leave the facility. An increase in the availability of community options has resulted in increasing discharges to community-based services such as supported living. By promoting and developing community services, ISSH is experiencing an increasing ability to return clients to their homes.

Discharge Placements



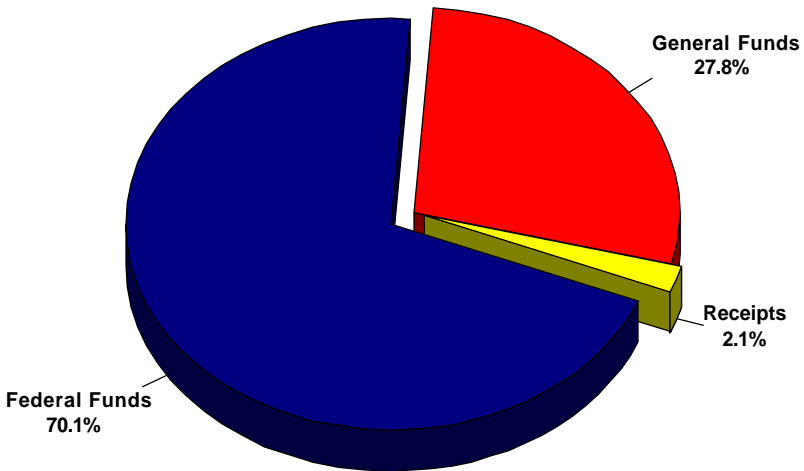
Division of Welfare

Russell Barron, Administrator, Phone 334-5696

The Division of Welfare administers self-reliance programs serving low-income individuals and families. Field-based personnel in offices around the state process applications for services that help families in crisis situations. Those services also assist families in becoming more self-reliant. The division manages state and federal programs including Child Support, Food Stamps, Child Care, Temporary Assistance for Families in Idaho (TAFI), and Aid to the Aged, Blind, and Disabled (AABD). Welfare programs provide critical aid for families while requiring participants to strive for employment and self-reliance.

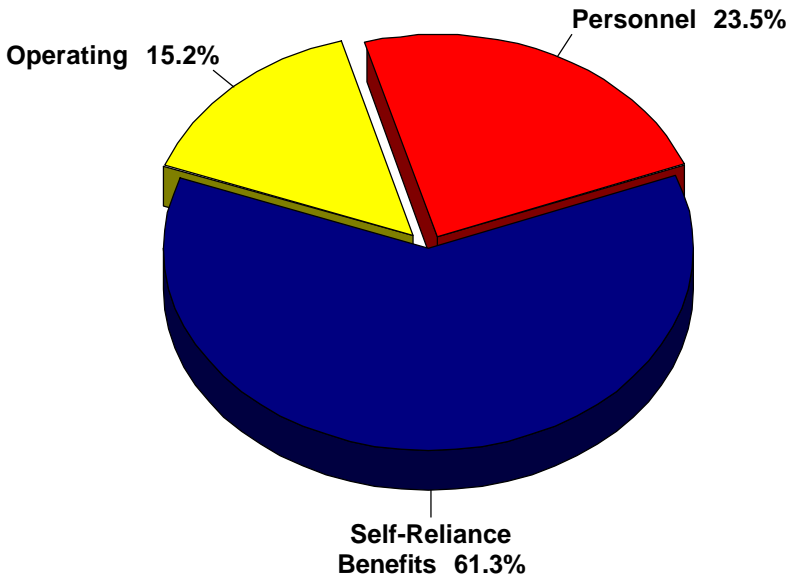
The division does not manage the Medicaid Program but does determine Medicaid eligibility. Other programs, managed through contracts with local organizations, include Food Commodities, Energy Assistance, Telephone Assistance, and Weatherization Assistance. The Division of Welfare promotes stable, healthy families through program access and support services.

Welfare SFY 2006 Funding Sources

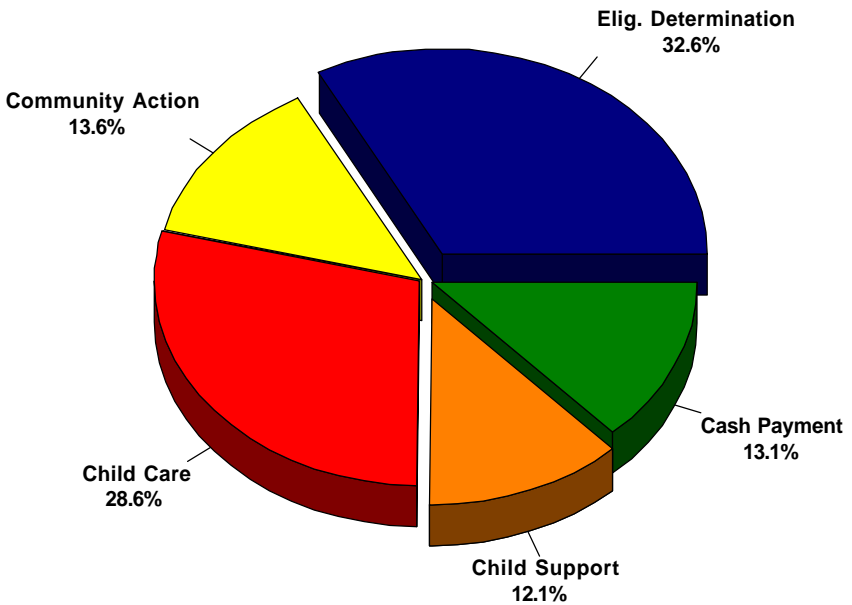


Authorized FTP: 600. Original Appropriation for 2006: General Fund: \$34.8 Million; Total Funds: \$125 Million; 7.8% of Health and Welfare funding.

Welfare SFY 2006 Expenditure Categories



Welfare Spending by Program



Welfare 2005: Record Caseloads Continue

The record growth in caseload and application activity in SFYs 2003 and 2004 leveled off in SFY 2005, but the total number of processed applications and open cases is at an all-time high. In 2005, Self-Reliance Specialists processed more than 183,000 applications. However, in the final month of SFY 2005, they maintained more than 200,000 cases, serving 250,000 Idahoans. Over the past year, 356,000 individuals received services.

The legislature approved 25 supplemental positions in March 2005. Those positions were filled, and training is under way in various self-reliance programs. The legislature approved 25 additional positions for SFY 2006, with staggered hire dates in July and September 2005 and January 2006. Those positions are filled as they become available.

New positions will help in the long run, but budget reductions in 2002 and 2003, retirement of experienced state staff, and high staff turnover during the same time period have resulted in the lowest level of experienced staff in the past decade.

Despite these challenges, the division has focused aggressively on ways to improve performance. Statewide units have been created to more efficiently and consistently process child support cases, and determine eligibility for Medicaid and child care. New quality assurance initiatives have provided better information, allowing resources to be focused in problem areas. While the division will pay a fiscal penalty in the Food Stamp Program, casework performance has improved. For FFY 2005, the payment error rate is expected to be below eight percent. The payment error rate has steadily improved, decreasing from 11 percent in FFY 2003, and nine percent in FFY 2004.

Other highlights for the division:

- Child support collected and distributed \$128.3 million for children, a seven percent increase over 2004. New processes in child support are expected to create even greater collections in the coming year.
- Medicaid eligibility timeliness and accuracy improved. Further improvements are needed and will depend heavily on increased staffing and training, a new automated eligibility system, and a continued focus on quality assurance.
- Online child support payments with credit and debit cards began a year ago, making it easier for parents who travel or work long hours to pay. Over the past year, this new process collected \$1.2 million. The Child Support Program hopes easier, more convenient payment methods will increase the amount collected for children in our state.

- Work continued in SFY 2005 on replacement of the division's antiquated automated eligibility system (EPICS). Designed in the early 1980s, it has become a major impediment to efficient and accurate processing of program eligibility and child support work. Evaluations of potential replacement systems were under way in 2005. A funding request for EPICS replacement was drafted for the 2006 legislative session.

Self-Reliance Services

The Division of Welfare provides services in three categories:

1. **Benefit Program** services provides food, medical, child care, and cash assistance. Applications are available in field offices around the state, by phone, mail, and the Internet. These services have strict eligibility requirements and include:
 - Food assistance (Food Stamps);
 - Child care assistance (Idaho Child Care Program);
 - Medical assistance under a variety programs for children, adults with low income, pregnant women, disabled individuals, nursing home care, and help with health insurance costs or Medicare premiums; and
 - Cash assistance (TAFI, AABD).
2. **Child Support** services can help families by:
 - Locating an absent parent, conducting paternity testing, or creating a new or enforcing an existing child support order;
 - Mandating child support participation for individuals receiving Food Stamps, Medicaid, or TAFI. This requirement is an effort to encourage participant self-reliance and increase household income while receiving benefit program services; and
 - Providing help to other states to enforce and collect child support for parents living in Idaho. These interstate services account for about one-fifth of Idaho's cases.
3. **Contracted** services in local communities include:
 - Nutrition-related services and food commodities;
 - Low-income home energy assistance;
 - Telephone assistance;
 - Child care provider education; and
 - Weatherization.

Benefits are delivered electronically to those receiving Food Stamps, TAFI, or AABD through the Electronic Benefit Transfer system (EBT). Child Support uses EBT and Electronic Funds Transfer (EFT) to distribute collected child support to families. These two systems lower program operating costs.

(See EBT under the Division of Management Services, page 103.)

Program Participation

Participation in benefit, child support, and contracted services traditionally was measured by the average monthly caseload or the average monthly number of individuals served. Reporting these numbers does not give a true picture of the number of people served during the year. Today, services are designed to promote self-reliance and provide temporary assistance. Food Stamps and family cash assistance have work requirements for those receiving benefits to help people achieve self-sufficiency. As people served become self-reliant, they no longer need state and federal services.

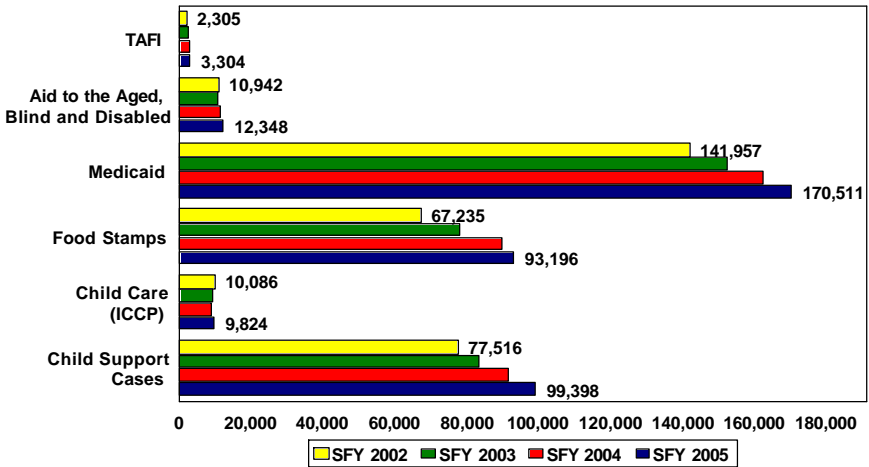
A better measure of participation is the total number of individuals participating in a year. Comparing total participants to the monthly average illustrates our success in helping people become self-sufficient. As expected, services for the elderly do not change much compared to programs with work requirements. This table summarizes annual participation rates compared to the monthly average.

SFY 2005 Monthly Served vs. Annual Participation

	Monthly Avg. Served	Annual Individuals Participating	Turnover
Cash Assistance for Families (TAFI)	3,304	9,351	183%
Food Stamps	93,196	154,122	65%
Medicaid Children's Health Insurance Program	12,775	21,476	68%
Low-income Medicaid	119,980	161,068	34%
Medicaid for Aged, Blind or Disabled (AABD)	37,756	39,868	6%

Note: TAFI has a 24-month, lifetime limit on benefits which encourages temporary use. CHIP eligibility has higher income limits than other Medicaid programs, resulting in higher participant turnover. As expected, elderly and disabled participants in AABD have little annual turnover.

Average Monthly Individuals Served



Note: All counts are individuals except Child Support, which is a case count. Program totals should not be added together because many participants receive services from more than one program. At the end of SFY 2005, 197,240 people received benefits, excluding child support cases. This is up from 191,918 in SFY 2004.

Numbers Served by Region

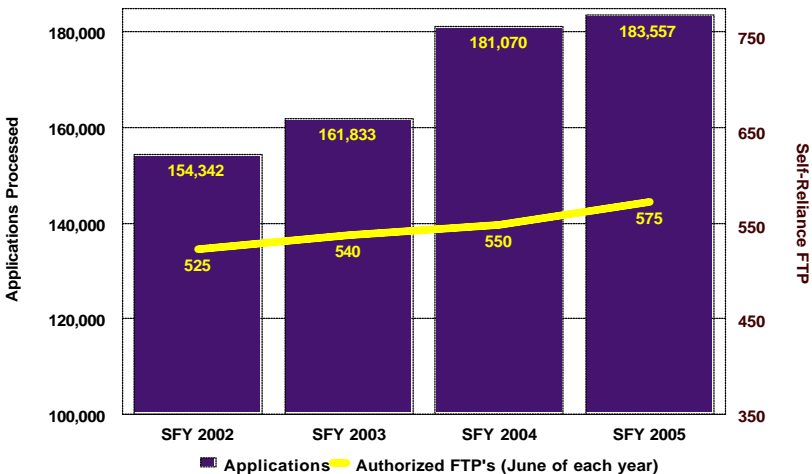
By the end of SFY 2005, 197,240 people received assistance services from the Department in the form of cash, Medicaid, Food Stamps, and child care. This compares to 191,918 last year and 165,580 on June 30, 2002. Also, at the end of SFY 2005, the division served more than 122,000 child support cases, some of which were served by other benefit programs.

Idaho Population, People Receiving Assistance, Percent of Regional Population Receiving Assistance as of June 30, 2005

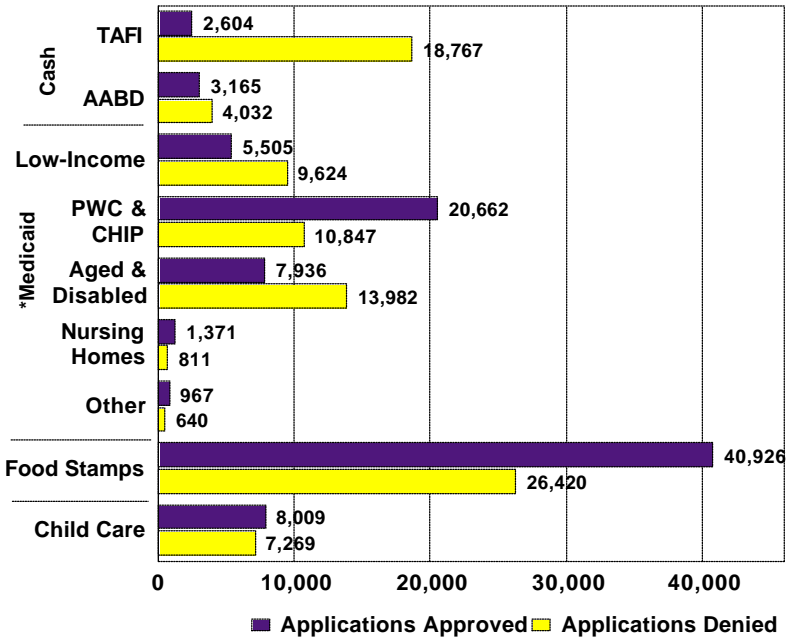
Region	Estimated Population	Receiving Cash Payments	Receiving Medical Card	Receiving Food Stamps	Receiving Child Care Services	Total
Region 1	194,406	2,670	22,915	12,954	1,398	26,519
	13.95%	1.37%	11.79%	6.66%	0.72%	13.64%
Region 2	100,754	1,521	11,192	6,308	501	12,938
	7.23%	1.51%	11.11%	6.26%	0.50%	12.84%
Region 3	220,096	3,347	35,448	21,435	1,720	41,131
	15.80%	1.52%	16.11%	9.74%	0.78%	18.69%
Region 4	376,733	3,074	32,453	18,115	2,253	37,727
	27.04%	0.82%	8.61%	4.81%	0.60%	10.01%
Region 5	168,624	1,760	22,289	10,943	1,085	25,404
	12.10%	1.04%	13.22%	6.49%	0.64%	15.07%
Region 6	156,238	2,047	22,868	13,700	1,108	26,687
	11.21%	1.31%	14.64%	8.77%	0.71%	17.08%
Region 7	176,411	1,450	23,674	11,501	1,093	26,834
	12.66%	0.82%	13.42%	6.52%	0.62%	15.21%
Total	1,393,262	15,869	170,839	94,956	9,158	197,240
	100%	1.14%	12.26%	6.82%	0.66%	14.16%

NOTE: Estimated population percentage is of the state's total population. All other percentages for each category are the percentage of each region's population. Many participants receive services through more than one program. The total is an unduplicated count of these four self-reliance programs. If other Department services and programs are added, more than 355,000 Idahoans receive Department services. These can include services through the Child Support Program, Division of Health (such as the Women, Infants, and Children (WIC), or Family and Community Services (such as children's mental health or substance abuse treatment).

Annual Applications Processed in Relationship to Self-Reliance FTP



FY 2005 Applications Approved and Denied



** This chart does not include open Medicaid cases that are reevaluated at least once a year. There were about 171,000 of these cases in 2005.*

Benefit Programs

The Division of Welfare manages benefit payments in four major programs: Food Stamps, Child Care, Medical, and Cash Assistance (through Temporary Assistance for Families in Idaho-TAFI, and Aid to the Aged, Blind, and Disabled).

Food Stamp Program

The Food Stamp Program helps low-income families maintain good health and nutrition. Federally funded, it is managed by the state, and helps families buy the food they need using an Electronic Benefits Transfer card, which works like a debit card.

Participation is sensitive to changes in the economy. During the economic downturn from 2001 to 2004, participation increased 53 percent. In June 2005, enrollment peaked at 94,956, up slightly from 92,963 in June 2004. Enrollment has leveled off, but participation remains high.

We believe these recent record numbers are the result of several years of a poor economy coupled with many people exhausting personal

resources. The leveling off of the Food Stamp growth rate indicates the economy is rebounding, but the working poor remain in low-paying jobs.

Recipients fall into two groups: working poor families and families with adults who are elderly or disabled. As of June 2005, 69 percent of recipient families included adults working or seeking work. The average monthly benefit in 2005 was \$229 per family. The remaining 31 percent of Food Stamp households are families where all adults are elderly or disabled.

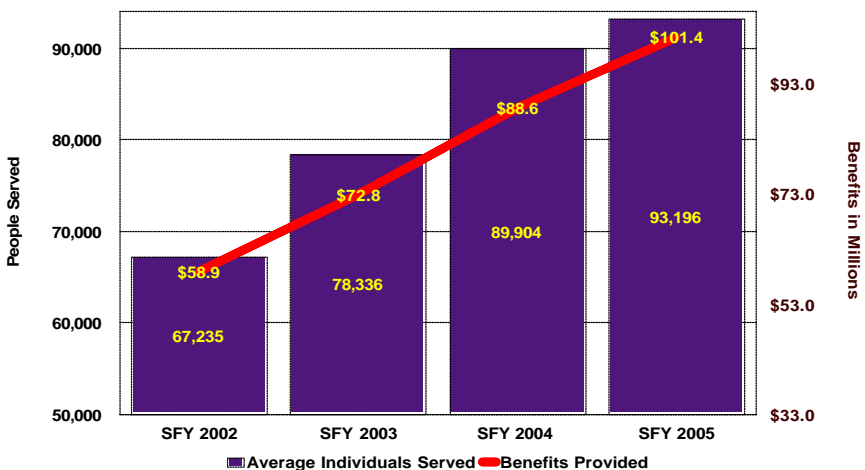
Forty-eight percent of all individuals receiving Food Stamps in Idaho are children. Average monthly earnings for households containing three to four family members is \$1,020.

Many Food Stamp families move on and off the program. In SFY 2005, 55,372 people received Food Stamps year-round, out of a total of 154,122 who received services at some point during the year.

An important part of improving nutrition for participants is education. Beginning in September 2004, in partnership with the University of Idaho Cooperative Extension Service, the state revised the focus of nutrition education. In addition to offering six core lessons, new one-time, stand-alone classes were offered.

Over the first nine months, the program made 43,634 nutrition education contacts with Food Stamp applicants/recipients, their children, and other eligible individuals, and 12,609 people participated in classes. Topics included food safety, food resource management, serving sizes, labels, and low-fat foods and meals. The federally funded portion of this program for 2005 was \$730,550.

Individuals Served/Total Annual Benefits Provided

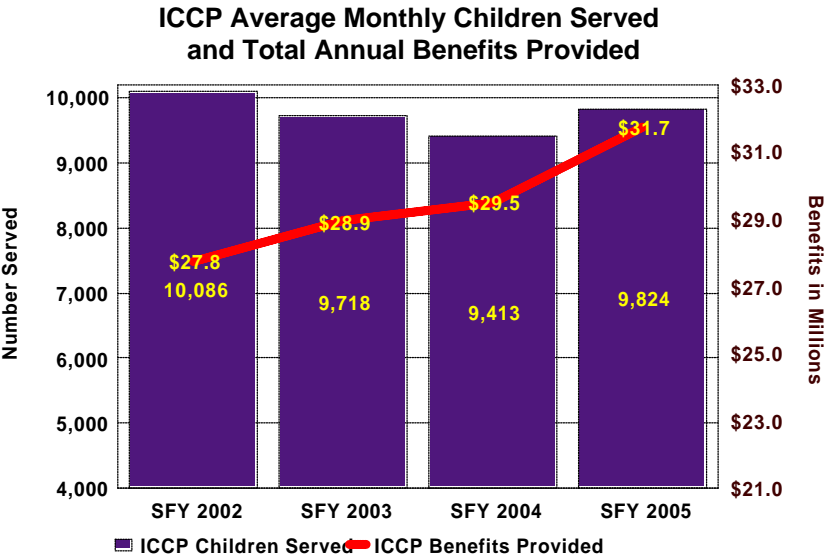


Idaho Child Care Program (ICCP)

ICCP helps low-income families pay for child care while parents work or attend educational or training programs. ICCP subsidies are an essential support that helps families become self-reliant and maintain employment. Of families participating:

- 88.7 percent are employed;
- 9.5 percent are in training or going to college; and
- 9.3 percent attend college and work.

Ninety-two percent of families served have three or fewer children, and most of these families have monthly incomes at or below \$1,500. Many families receiving ICCP benefits contribute to their child care expenses through a co-payment with the state.



Note: The ICCP Program experienced a decline in participants in recent years due to a weak economy that resulted in reduced employment opportunities. Many people in the program also experienced a reduction in hours or pay. Decreased wages increased the state's share of child care expenses. At the end of SFY 2004, demand for child care began to increase, a sign that more parents may be finding jobs.

Health Coverage (Medicaid)

The Division of Welfare determines financial and personal eligibility for individuals who apply for Medicaid Services. The Division of Medicaid determines health care services or “coverage” that an individual may receive, depending on the Medicaid program approved or the type of care a person requires.

Each year, the Division of Welfare processes more than 72,000 applications for Medicaid and completes a redetermination of continuing eligibility for 171,000 Medicaid cases. In a typical year, more than 220,000 people access health coverage through Medicaid programs, which includes more than 125,000 children.

Medicaid consists of a number of programs, also known as coverage groups, that serve families, children, and disabled or aged adults. The majority of people covered are poor, with incomes under 133 percent of the federal poverty level. This amounts to a monthly income up to \$1,783 for a family of three. Approximately 19,000 adults and 97,500 children are covered by these low-income Medicaid programs.

The state also offers coverage for children who come from households with family incomes between 133 and 185 percent of the federal poverty level under the Children’s Health Insurance Program (CHIP). Monthly household incomes range between \$1,783 and \$2,481 for a family of three with children covered through CHIP. At this time, about 13,000 children are enrolled in CHIP. Some families with income between 150 and 185 percent of federal poverty level pay a monthly premium of \$15 per child, or receive premium assistance that allows them to purchase private or employer-sponsored health insurance.

A number of other Medicaid programs serve the aged, blind, and disabled, including individuals who require a nursing facility or in-home care. In a typical year, approximately 40,000 people receive health coverage in this category. Of this number, 3,500 reside in nursing facilities, more than 30,000 are disabled or aged adults, and approximately 5,800 are disabled children.

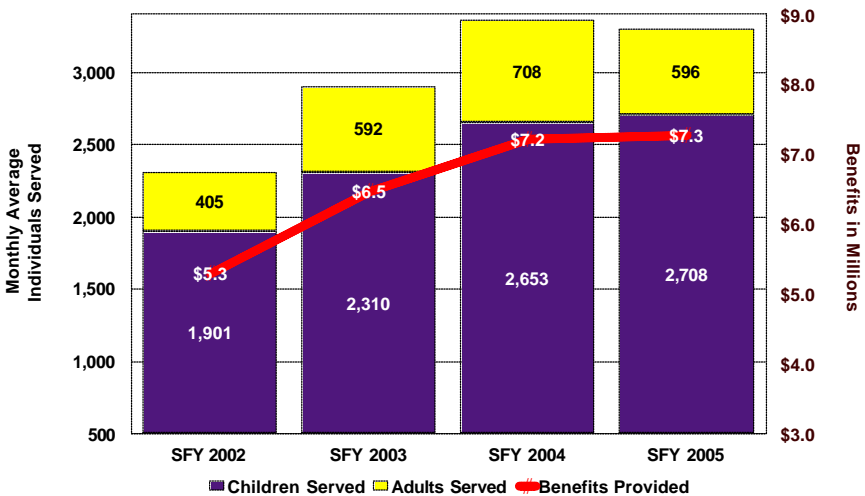
Temporary Assistance for Families in Idaho (TAFI)

TAFI provides temporary cash assistance for needy families with children, while encouraging personal and family responsibility. Families who receive TAFI cash assistance are required to participate in work preparation activities so they can become financially independent. A typical TAFI participant is a single mom with one or two children under age eight. Each family receives a maximum of \$309 monthly, regardless of family size. An adult usually is eligible for only 24 months of TAFI

cash assistance in a lifetime. Families receiving TAFI also are eligible to receive vouchers for assistance to obtain short-term training to become employed or sustain employment. A typical TAFI family is on assistance for only four months.

Approximately 67 percent of individuals receiving TAFI are children whose parents are unable to care for them, typically because of drug problems or incarceration. Often, grandparents care for children who may receive TAFI without regard for grandparent income. This cash assistance payment improves the opportunity for children to stay with their extended families while their parents are unable to care for them. There is no work participation for these TAFI cases.

TAFI Average Individuals Served and Total Annual Benefits Provided



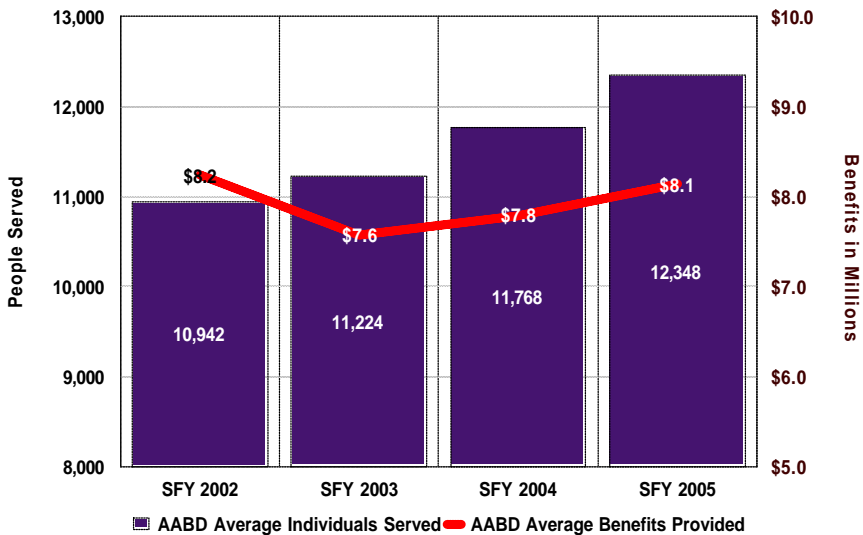
Aid to the Aged, Blind, and Disabled (AABD)

AABD assistance provides cash payments to certain low-income participants who are blind, disabled, or age 65 or older. In any given month, approximately 13,000 individuals receive an AABD cash payment. Of this number, 2,000 are over age 65, 950 are disabled children, and the remainder are disabled adults. AABD cash assistance is intended to supplement the participant's low income to help them meet the needs of everyday living.

Cash assistance payments are based on the person's living arrangement. Individuals who live in facilities that provide specialized

care or supervision generally have a higher cash payment. The average payment for people receiving AABD cash assistance is \$54 per month. Individuals living in their own home receive an average of \$47 per month, while the highest average cash payment is for individuals who live in certified family homes. These individuals receive an average monthly grant of \$319.

AABD Average Monthly Individuals Receiving Cash Payment and Total Annual Benefits Provided



Child Support Services

The Child Support Program promotes the physical and economic health of families by ensuring parents are financially responsible for their children. The program helps locate non-custodial (absent) parents and enforces their obligations to provide financial and medical support for their children.

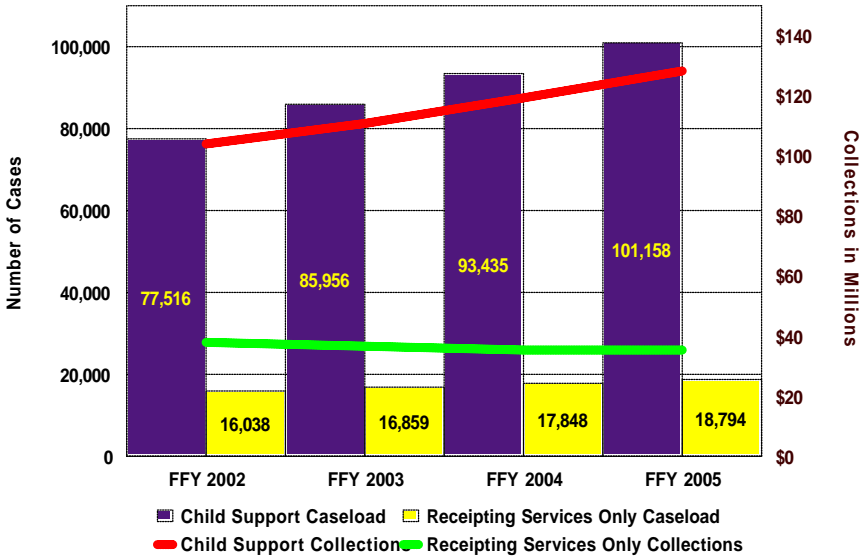
In FFY 2005, Child Support Services administered a monthly average of 101,119 non-county child support cases, collecting and distributing more than \$128 million.

In 1999, the Legislature chose the Department to administer all child support cases. This includes administering an additional 19,000 cases from counties, collecting \$35 million in the process. The Department refers to county cases as Receiving Services Only (RSO). Including

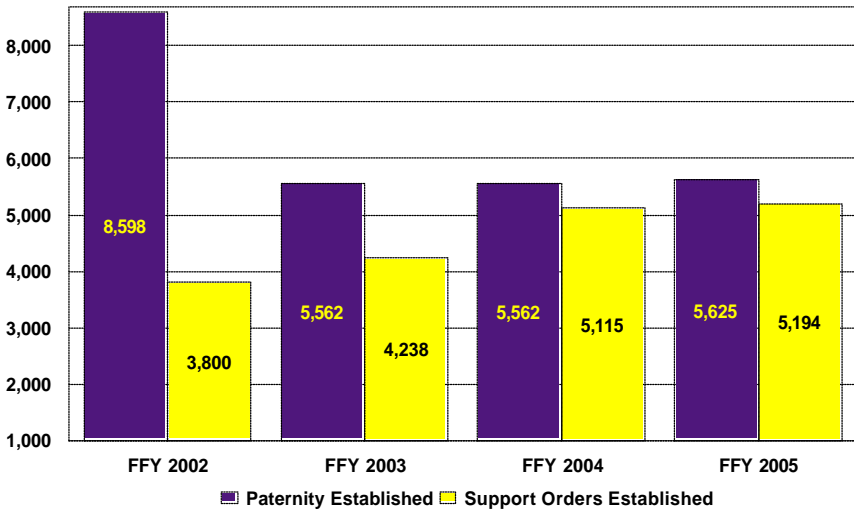
RSO cases, the Department of Health and Welfare administered nearly 120,000 child support cases, collecting and distributing close to \$164 million during FFY 2005.

Services include establishing paternity, locating non-custodial parents, establishing court orders for child support, and collecting and distributing child support payments through the Electronic Payment System.

Child Support Caseload and Dollars Collected



Paternity and Support Orders Established



Note: Families often require food support or cash assistance when child support is not paid. Self-Reliance opens child support cases when families apply for benefits and they are not receiving child support payments. If child support is provided, families may not need government assistance.

Child Support Enforcement Methods

Child Support Services uses a variety of methods to enforce child support orders. The primary tool for enforcing payments is wage withholding. Other tools include New Hire Reporting through Electronic Data Matching, License Suspension, and direct collection methods.

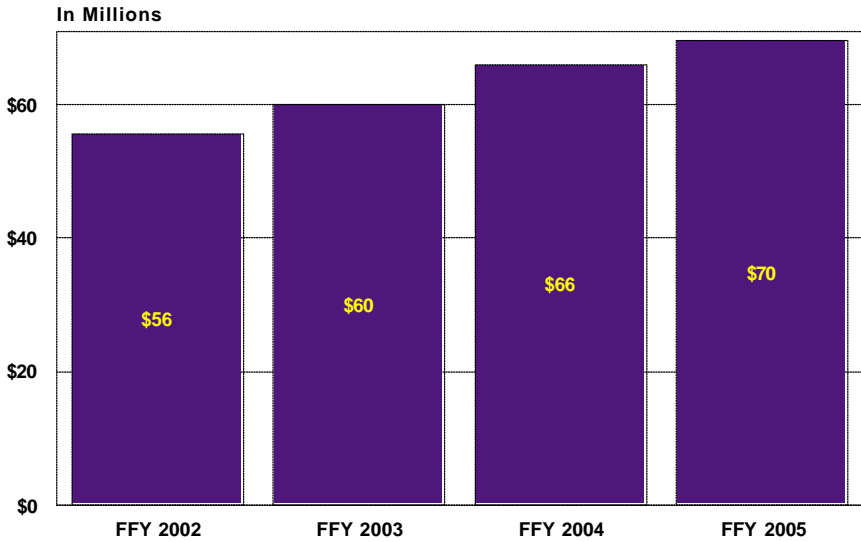
Wage Withholding

The primary method for the state to collect child support from non-custodial parents who are not voluntarily making their child support payments is wage withholding. Growth in collections by wage withholding is due, in part, to improved accuracy, ease of paternity tests, and implementation of the new hire reporting system. In FFY 2005, \$69.6 million was collected using this method.

New Hire Reporting-Electronic Data Matching

The Department electronically matches parents responsible for paying child support with those taking new jobs, according to files from the Idaho Department of Labor. This makes it possible to quickly locate and withhold wages from parents who change jobs or begin new jobs. The Department matched an average of 1,658 people per month in FFY 2005.

Child Support Collected Through Wage Withholding



Note: Wage withholding has become one of the most effective collection tools of the Child Support Program, becoming more efficient with the expanded use of data matching for in-state and out-of-state parents. In 1997, wage withholding was responsible for 32 percent of all state child support case collections. In 2005, it accounted for 54 percent.

License Suspension

Non-custodial parents who are \$2,000 or 90 days behind in child support are subject to license suspension. This could include driver's licenses, fishing and hunting licenses, and professional licenses. About half of all people with existing obligations who were notified their licenses were about to be suspended are meeting their payment obligations.

As a result of the license suspension process, payments have been collected for many families. There were more than 1,500 licenses suspended during FFY 2005.

Direct Collections

When appropriate, the state can collect past due child support payments directly from several sources, including federal and state income tax refunds, lottery winnings, public employee retirement system benefits, unemployment benefits, and bank accounts through Financial Institutions Data Matching (FIDM).

Child Support Service Fees

The Child Support Program provides services for parents needing assistance in making sure both parents meet their responsibilities for the health and welfare of their children. The following fees are charged for specific services in child support cases:

Child Support Service Application Fee	\$ 25
Establishing Paternity or a Child Support Order:	
If parents stipulate	360
If case goes to trial	475
Modification of an Existing Order	360
Income Tax Refund-Attachment-State	25
Income Tax Refund-Attachment-Federal	25

Contracted Services

Enhanced Work Services (EWS)

EWS works with Self-Reliance participants to help them gain, sustain or upgrade employment opportunities. Adults receiving services through TAFI (Cash Assistance), Food Stamps, non-custodial parents in child support cases, and those at risk of coming onto TAFI are candidates for EWS. Four contractors deliver these services statewide and served 23,812 participants in SFY 2005.

Job Education Training (JET)

JET contracts support participant efforts in securing employment, job retention, wage enhancement, and short-term job education/training (12 months or less). Participants are referred from EWS contractors or may volunteer through the contractor, if they meet TAFI eligibility. Eligible participants, after intense assessments, enhance their employability through education and skills training. There are six Idaho university/college contractors statewide, which served 3,062 people in SFY 2005.

Child Support Customer Service (CSCS)

The CSCS contractor delivers professional and proficient child support receipting, case management, financial analysis audits, and customer service call center services for Idaho Child Support. This contractor receipted 621,913 transactions in SFY 2005, amounting to \$124.8 million, completed 3,155 financial audits, 307,016 customer service calls, 1.5 million Interactive Voice Response calls, and 5,279 web site e-mails.

Financial Institution Data Match (FIDM)

FIDM transmits bi-weekly data match information to the Department from financial institutions and public utilities on non-custodial parents with child support cases in arrears. This contractor transmitted 26,552 data matches in SFY 2005.

IdahoStars

This contract ensures a consistent, statewide Child Care Resource and Referral system, and Professional Development Registry and Career Pathway system that is consumer-driven to increase public awareness and improve the quality of child care in Idaho. 2-1-1 Idaho CareLine is the universal point of access. In SFY 2005, there were 4,202 child care referrals to parents, 5,256 ICCP providers registered, and 725 participants in the Professional Development Registry.

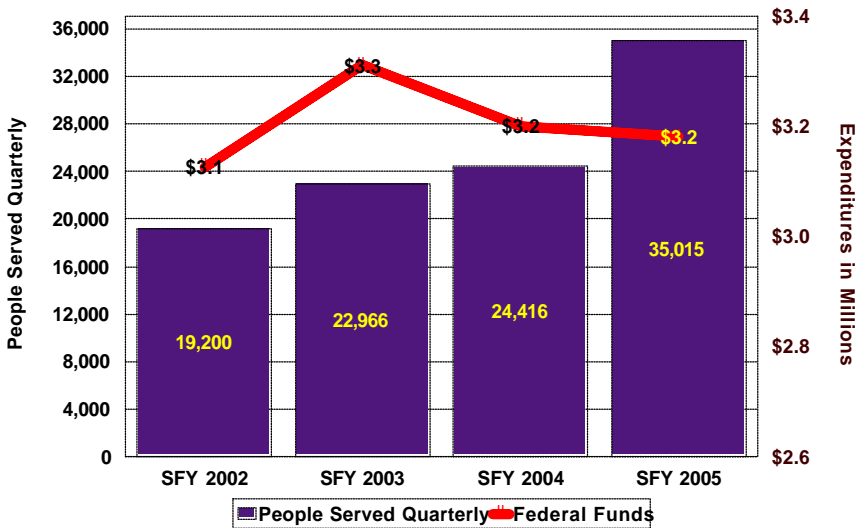
Community Services

The Division of Welfare administers federal grant programs to improve living conditions for low-income households and encourage self-reliance. These programs are available to qualifying communities and residents.

Community Services Block Grant (CSBG)

CSBG revitalizes low-income communities, helps eliminate the causes of poverty, and enables families and individuals to become self-reliant. Services are delivered through Idaho's Community Action Agencies and the Idaho Migrant Council, which provide emergency and supportive services, employment readiness training, individual and family development counseling, food, shelter, and transportation assistance. The program spent \$3.2 million serving 35,015 people per quarter during SFY 2005.

Community Services Block Grant



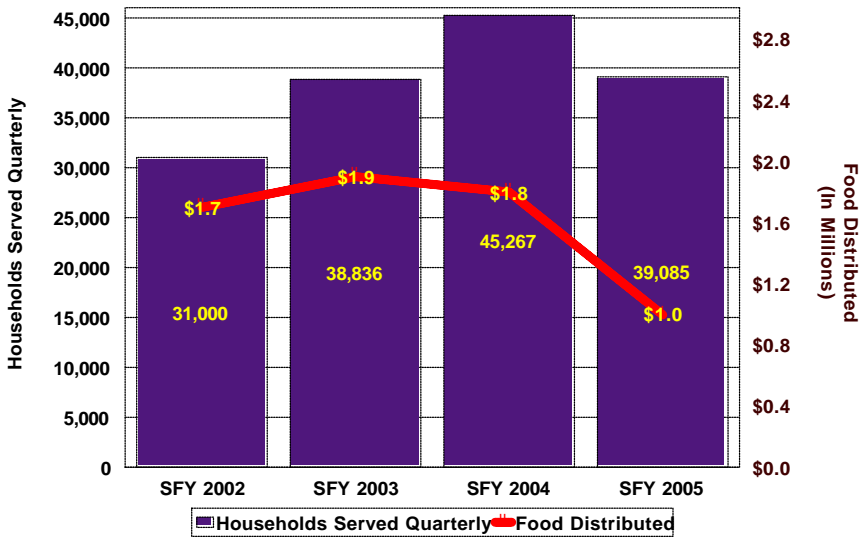
The Emergency Food Assistance Program (TEFAP)

TEFAP helps supplement the diets of Idaho's low-income citizens. USDA purchases surplus food commodities from American food producers and distributes them to states.

In Idaho, Community Action Agencies distribute these commodities through their warehouses to local food banks and soup kitchens. During each quarter SFY 2005, TEFAP provided 39,000 families with food. For the year, 750 tons of food valued at \$1 million was distributed.

TEFAP's administrative budget is 98 percent federally funded. Commodities are purchased entirely by the U.S. Department of Agriculture.

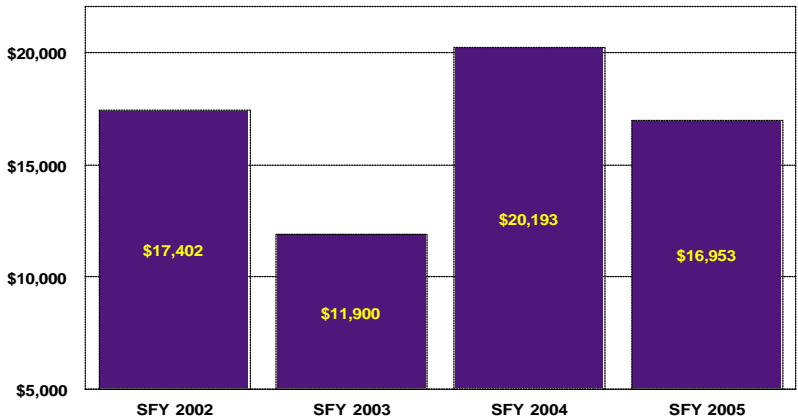
The Emergency Food Assistance Program (TEFAP)



Community Food and Nutrition Program

The Community Food and Nutrition Program improves access to nutrition for low-income people. Supported by these funds, Community Action Agencies distribute information about the availability of food resources and help coordinate private and public food assistance programs to maximize their effectiveness. Funded by the U.S. Department of Health and Human Services, Idaho's Community Food and Nutrition Program spent \$16,953 for SFY 2005.

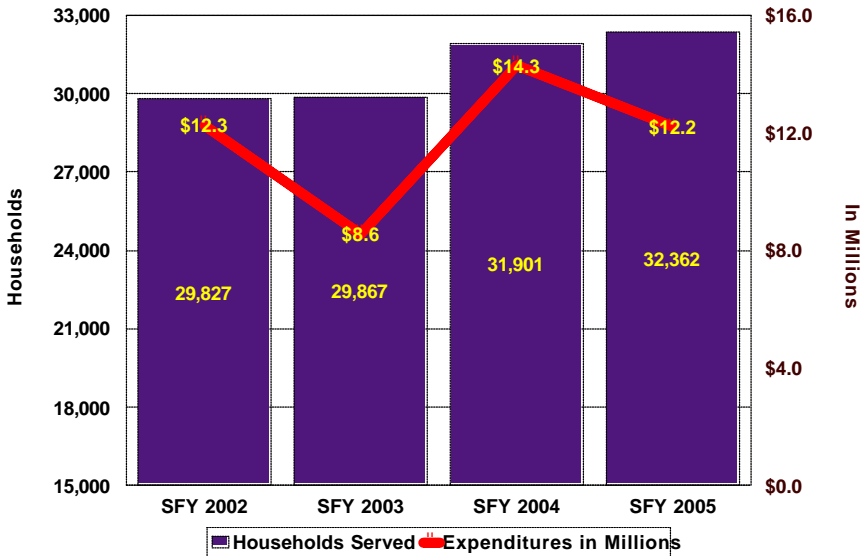
Community Food and Nutrition Program (Federal Expenditures)



Low-Income Home Energy Assistance Program (LIHEAP)

LIHEAP pays a portion of low-income household heating bills and provides energy conservation education through Community Action Agencies. Payment is made to heating suppliers and vendors. A federal grant from the U.S. Department of Health and Human Services funded the program with approximately \$12.2 million in SFY 2005. The program served 32,362 households last year.

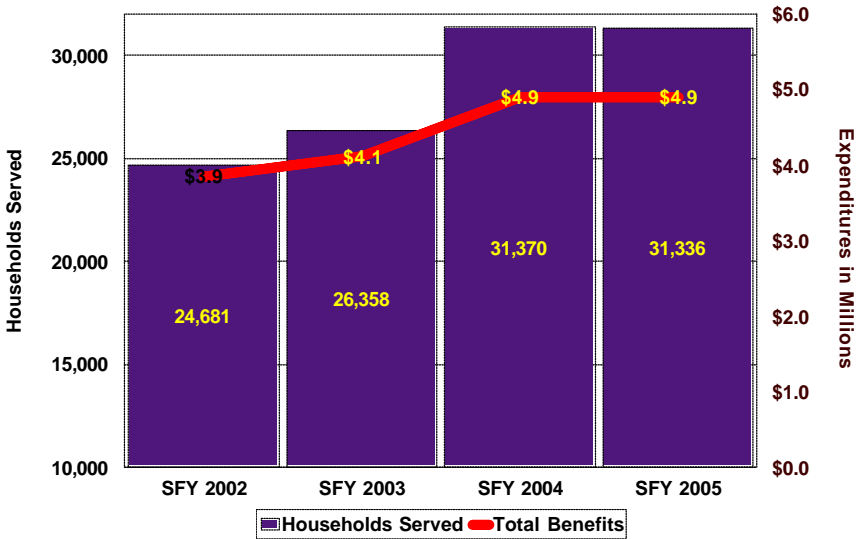
Low-Income Home Energy Assistance Program (Federal Expenditures)



Telephone Service Assistance Program

The Idaho Telephone Service Assistance Program assists low-income households by paying a portion of their expense for telephone installation and/or monthly service fees. Benefits are funded by 19 telephone companies through fees included in the monthly invoices of Idaho telephone service customers. During SFY 2005, 31,336 households received nearly \$5 million in benefits, with a typical benefit of \$13 per month.

Telephone Service Assistance Program



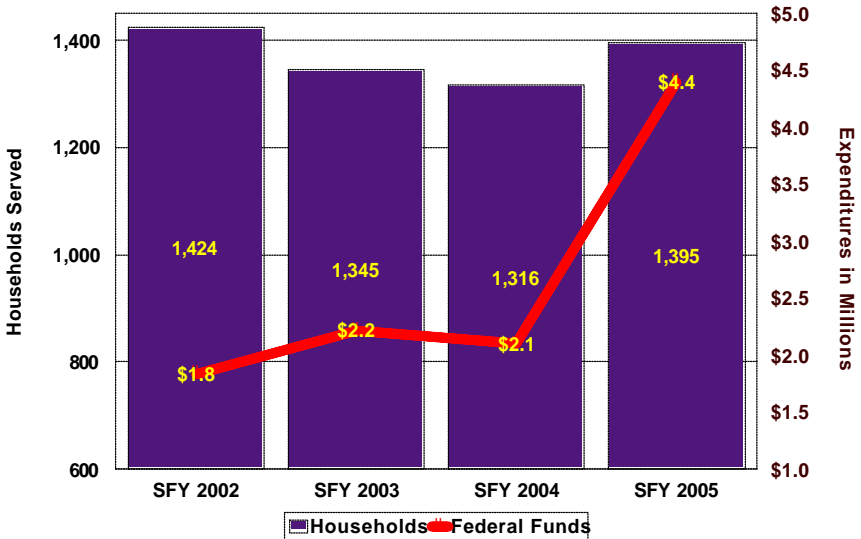
Weatherization Assistance Program

The Weatherization Assistance Program helps low-income families conserve energy, save money, and improve their living conditions. Projected energy savings for 2005 show weatherization returns \$1.48 in energy-related benefits for every \$1 invested.

Idaho's weatherization program is funded by utilities, the U.S. Department of Health and Human Services, Petroleum Violation Escrow, and the U.S. Department of Energy. For the program year April 1, 2004 through March 31, 2005, the program weatherized 1,395 homes at a cost of \$4.4 million.

Weatherization measures include repair or replacement of heat sources, insulation, weather stripping, and caulking windows and doors.

Weatherization Assistance Program (Federal Expenditures)



Note: More funds were available in SFY 2005 due to an increase in the contribution from utility companies and additional money from the federal government because of increasing energy costs.

Division of Health

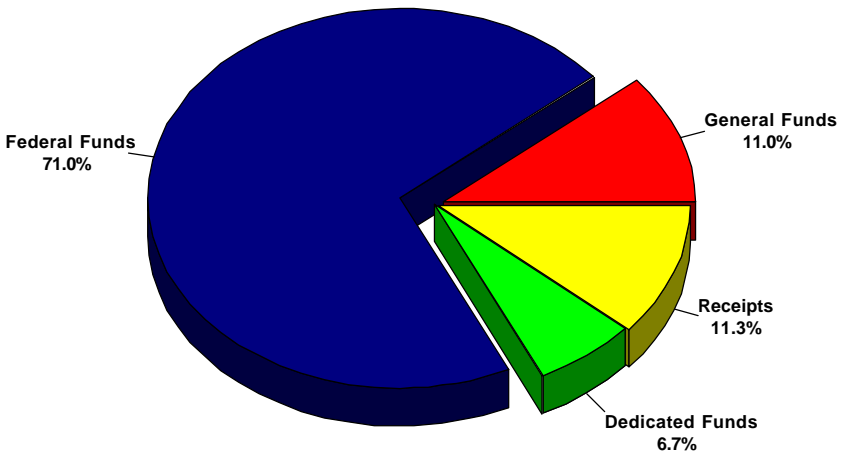
Richard Schultz, Administrator, 334-5945

The Division of Health provides services ranging from immunizations to testing for communicable diseases and food safety, and emergency medical services. Programs and services promote healthy lifestyles, while monitoring and intervening in disease transmission and health risks as a safeguard for Idaho citizens.

The division contracts with District Health Departments to provide many services throughout the state. Immunizations, epidemiology, prevention of sexually transmitted diseases, food protection, and oral health are examples of programs coordinated between state and local District Health Departments.

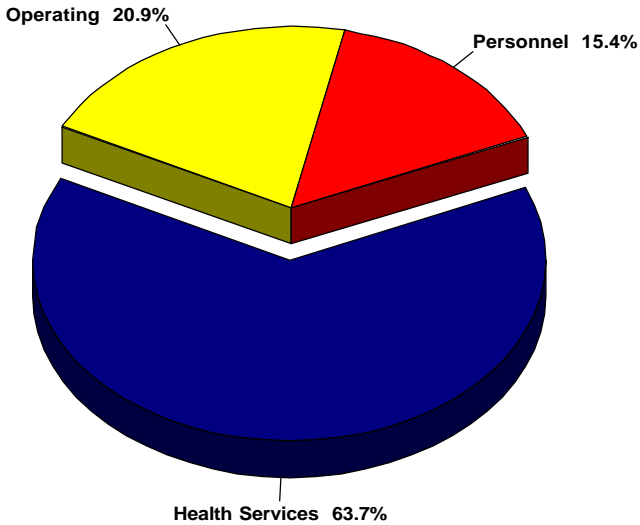
The division includes the Bureaus of Clinical and Preventive Services, Community and Environmental Health, Emergency Medical Services, Laboratories, Rural Health and Primary Care, Health Policy and Vital Statistics, and Epidemiology and Food Protection.

Health SFY 2006 Funding Sources

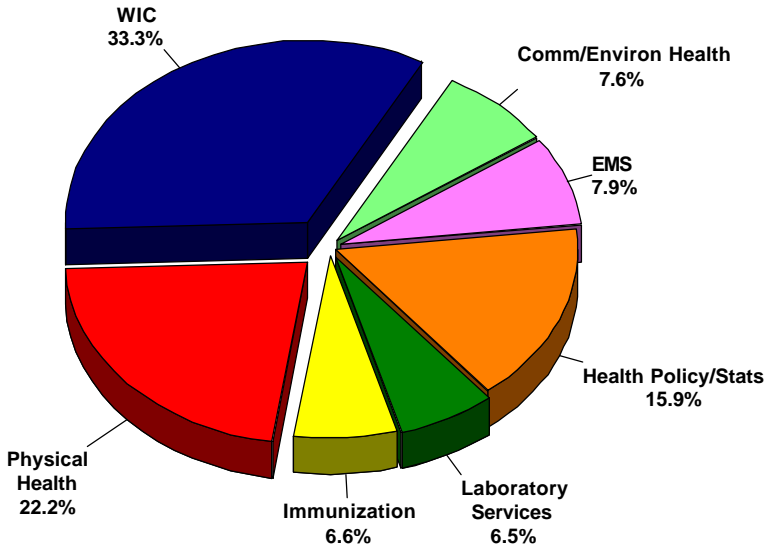


SFY 2006 Authorized FTP: 216.2; General Fund Appropriation: \$10.9 Million; Total Funds: \$99.1 Million; 6.3% of Health and Welfare funding.

Health SFY 2006 Expenditure Categories



Health Spending by Program



Substance Abuse is funded through Health but administered through the Division of Family and Community Services. Substance Abuse is not included in these charts.

2005: Improving the Health of Idaho Citizens

The Division of Health protects the health of Idaho citizens through vaccinations, disease surveillance and intervention, and encouraging people to lead healthy lifestyles through health promotion. This year, efforts included:

- Improving access to health care for special populations. The division worked with legislators, insurers, and physicians to improve access for people with cystic fibrosis, children with special health care needs, and newborns through metabolic screening and followup;
- Improving quality of health care provided throughout Idaho. The division focused on improving management of state-supplied vaccines and promoting improved care for diabetics. The division also began a comprehensive planning effort for cancer prevention, screening, treatment, rehabilitation, and support. To improve quality of health care in rural areas, the state is evaluating and working to improve quality of care delivered in Critical Access Hospitals;
- Improving capacity of the health system to respond efficiently and effectively to outbreaks of diseases or disasters. Through a federal grant, the division helped place radio base stations at critical locations to improve health care providers' ability to communicate with inbound ambulances. The State Laboratory also improved its capability and expertise to safely test for re-emerging and new pathogens;
- Initiating new health promotion efforts that focus on physical activity and nutrition to reduce obesity and the impact of chronic diseases associated with people who are overweight; and
- Working with legislators, law enforcement, realtors, and other stakeholders to develop standards for cleanup of residences contaminated by production of clandestine drugs, primarily methamphetamine.

Clinical and Preventive Services

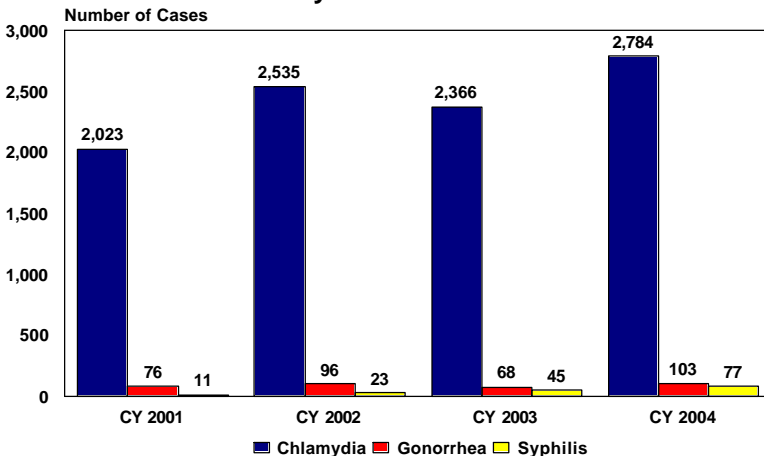
Clinical and Preventive Services are delivered primarily through contracts with the Public Health Districts. Programs include STD/AIDS, Immunization, Children's Special Health, Women, Infants, and Children (WIC), Reproductive Health, Worksite Safety, and Women's Health Check.

STD/AIDS Program Sexually Transmitted Diseases

Idaho operates a sexually transmitted disease (STD) and HIV/AIDS prevention and control project that focuses on preventing disease transmission and providing services for people diagnosed with chlamydia, gonorrhea, syphilis, HIV, and AIDS. These services include targeted prevention activities, testing, and treatment.

In May 2002, the number of syphilis cases in Idaho increased dramatically. Despite interventions, a large number of cases were diagnosed in September 2003, primarily in southwest Idaho. The STD/AIDS Program and Office of Epidemiology continue to work with District Health Departments and health care providers to provide training, technical assistance, and support to reduce the spread of syphilis.

Sexually Transmitted Diseases



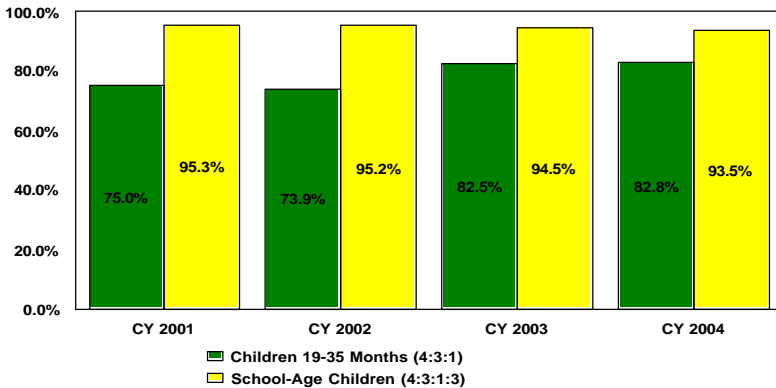
Note: We believe the increase in 2002 chlamydia infections was due to better reporting by private health care providers, since we are not seeing any increase in reported cases from the Public Health Districts. For HIV/AIDS data, see Bloodborne Diseases, page 90.

Immunization Program

The goal of the Immunization Program is to increase immunization rates for childhood vaccine preventable diseases. The program provides information and education resources, along with free vaccines to private physicians and public health care providers. The program also conducts personal visits with all enrolled providers to evaluate their programs and provide technical assistance.

For Idaho children 19-35 months of age, 83 percent have received all recommended immunizations for measles, mumps, rubella, diphtheria, tetanus, pertussis, and polio. This compares to a national average of 84 percent. By the time Idaho children enroll in the first grade, 94 percent have received all recommended immunizations.

Percent Fully Immunized



Note: 2005 National Immunization Survey data for Idaho children 19-35 months will be available the first quarter of CY 2006. School coverage statistics include the additional vaccine, hepatitis B.

Immunization Reminder Information System (IRIS)

IRIS is a secure, web-based immunization registry which allows health care providers access to vaccination records and forecasts vaccination needs. If a vaccination is missed, a provider can generate a reminder card to parents from IRIS. In addition, schools and day care facilities can utilize the IRIS database to look up children's records to comply with school and day care immunization requirements.

IRIS was fully activated in September 2000. For children under two years of age, approximately 95 percent are enrolled in IRIS. Hospitals are a valuable partner to enrollment by registering infants into IRIS at birth. The Department is working to expand the number of hospitals and providers who routinely use IRIS to decrease missed inoculations and improve immunization rates.

Number of Idahoans Enrolled in Registry by Year

	FY2002	FY2003	FY 2004*	FY 2005*
Ages 0-11 Months	16,701	18,348	19,410	17,390
Ages 12-23 Months	18,309	19,643	18,112	21,516
Ages 24-35 Months	11,966	19,718	15,397	17,744
Ages 36-59 Months	15,993	24,783	31,437	33,114
Ages 60-71 Months	7,567	10,221	13,459	14,950
Ages 6-18 Years	36,876	55,738	77,487	86,170
Ages >18 Years	30,607	45,046	61,889	77,548

Note: Patients in the registry on July 1, 2005 totaled 268,432. In 2005, there were 9,236 Idahoans enrolled in the registry without vaccinations.

** A decrease in enrollment in FYs 2004 and 2005 resulted from a one-time project to inactivate patients under age six with no immunization records. Inactive records were removed from the database.*

The Immunization Program purchases vaccines through the Vaccines for Children Program sponsored by the federal Centers for Disease Control and Prevention. For the last four years, the program distributed more than 500,000 vaccine doses statewide through more than 700 providers, Public Health Districts, clinics, and private physicians.

The Immunization Program distributes more combination vaccines to reduce the number of injections a child must receive to be fully immunized, ComVax (hepatitis B/*Haemophilus Influenzae*, type B), Pediarix (diphtheria, tetanus, acellular pertussis/hepatitis B/polio), and Twinrix (hepatitis A/hepatitis B). They are the main reason that doses administered have shown a decline over the past two years. More vaccines are being administered, but with fewer injections.

The majority of adverse reactions vary from pain and swelling around the vaccination site to fever and muscle aches. A more serious and rare adverse reaction to a vaccine is an allergic reaction.

In SFY 2005, Idaho submitted 58 reports to the Vaccine Adverse Events Reporting System. Reports contain possible adverse reactions to vaccines, as reported by physician offices and Public Health Districts. This vaccine reporting system evaluates each report to monitor trends in adverse reactions for any given vaccine.

Number of Adverse Reactions and Rate Per 10,000 Vaccinations

	Adverse Reactions	Vaccines Administered	Rate/10,000
SFY 2005	58	440,971*	1.2
SFY 2004	57	472,952	1.2
SFY 2003	79	500,545	1.6
SFY 2002	77	501,148	1.5

**Note: The number of vaccines administered for SFY 2004 is updated from last year's report. The number for SFY 2005 will increase as provider reports are received.*

The Immunization Program began offering new vaccines several years ago, varicella in 1999, hepatitis A in 2000, Prevnar in 2001, and Pediarix in 2003.

Women, Infants and Children (WIC) Program

WIC offers nutrition education, nutritional assessment, and vouchers for healthy foods to low-income families to promote optimal growth and development. It is entirely federally funded. WIC provides an average of \$46 per month in vouchers for prescribed healthy foods based on physical assessment, along with counseling in nutrition and breastfeeding, to more than 62,000 participants annually. Services usually are delivered through the Public Health Districts.

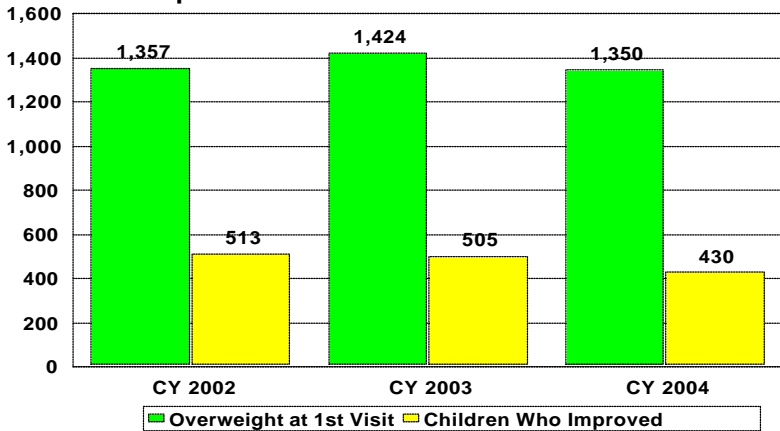
Clients Served Monthly and Average Voucher Value

Year	SFY 02	SFY 03	SFY 04	SFY 05
Clients Served	33,333	34,341	35,756	37,737
Average Voucher	\$42	\$41	\$45	\$46

WIC provides parents and caretakers with vouchers to purchase specific foods based on client nutritional risks. WIC education focuses on encouraging families to eat meals together, make healthy food choices, eat more fruits and vegetables, limit TV viewing, increase play and activity, limit juice intake, and avoid soda.

Participants typically attend nutrition education sessions two times every six months. In addition to clinical assessments related to nutritional status, children are weighed at each visit to measure status of their weight with their height — underweight, normal, overweight. In 2004, 31.9 percent of overweight children aged two to five years in WIC improved weight status at the recertification visit within six months.

Overweight Children (age 2-5 years) with Improved Status at Recertification Visit



Women's Health Check

Women's Health Check offers free mammography and Pap tests to women 50-64 years of age, who have income below 200 percent of federal poverty guidelines, and who have no insurance coverage for breast and cervical cancer screening. The program is funded through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, established as a result of the Breast and Cervical Cancer Mortality Prevention Act of 1990.

"Every Woman Matters" is a law passed by the 2001 legislature which provides cancer treatment coverage through Medicaid for women enrolled, screened, and diagnosed through Women's Health Check. Individuals not enrolled in Women's Health Check — but diagnosed with breast or cervical cancer — do not qualify for coverage under the Every Woman Matters law.

Women's Health Check has screened women in Idaho since 1997. The number of active providers has increased from year to year, allowing more women to be referred to the program and screened statewide. The average age at screening is 53.

Year	Women Screened	Breast Cancer Diagnosed	Cervical Cancer Diagnosed
SFY 2005	3,579	47	1
SFY 2004	3,067	46	3
SFY 2003	2,487	44	0
SFY 2002	2,232	24	1

Office of Epidemiology and Food Protection

The Office of Epidemiology and Food Protection tracks disease trends and outbreaks, developing interventions to control outbreaks and prevent future cases of disease such as tuberculosis, hepatitis, and salmonellosis. The Food Protection Program provides oversight on food inspection programs to assure safe food for Idahoans.

Bloodborne Diseases

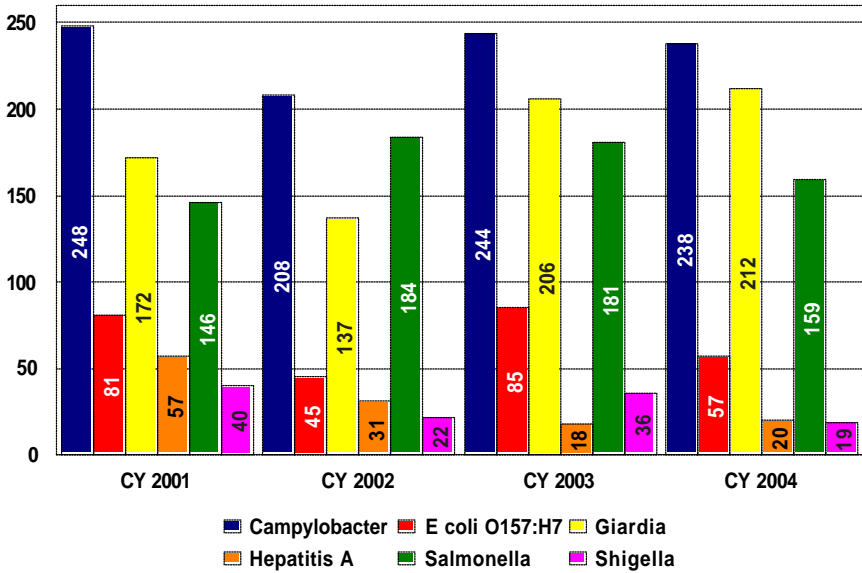
Bloodborne diseases, such as hepatitis B and C along with HIV, are transmitted by introducing infected blood through sharing contaminated needles, transfusions, or exchange of bodily fluids during sexual contact.

Bloodborne Diseases	CY 01	CY 02	CY 03	CY 04
New HIV Reports	22	26	23	22
New AIDS Reports	17	24	20	16
Idaho Residents Living with HIV/AIDS*	699	732	772	805
Acute Hepatitis B	11	7	8	14
Acute Hepatitis C	2	1	1	1

**HIV/AIDS presumed living in Idaho is defined as all reports of HIV or AIDS in Idaho, regardless of residence at diagnosis and not reported as deceased.*

Enteric Diseases (Diseases of the Intestine)

Enteric diseases affect the gastrointestinal system and are transmitted primarily through contaminated food, water, or hand-to-mouth as a result of inadequate handwashing following bathroom use.



Childhood Vaccine Preventable Diseases

In 1997, a large outbreak of pertussis occurred in the northern Idaho panhandle. The rate of pertussis has decreased, but the number of cases in Idaho remains above the national average. The single case of measles in 2001 was an adult who was infected while traveling in Asia.

Number of Childhood Vaccine Preventable Diseases

Disease	CY 01	CY 02	CY 03	CY 04
Hemophilus influenzae B (HIB, invasive)	0	2	0	1
Measles	1	0	0	0
Mumps	2	1	1	3
Pertussis (whooping cough)	171	151	82	66
Rubella	0	3	0	0
Total	174	157	83	70

Food Protection

The Office of Epidemiology and Food Protection works to protect the public from illness associated with consuming food. The Food Protection Program provides oversight, training, and guidance to environmental health specialists in the seven Public Health Districts, who inspect food facilities and provide education to food establishments to prevent foodborne outbreaks.

Epidemiologists at the state and District Health Departments investigate foodborne illness and outbreaks. They work closely with the Food Protection Program and environmental health specialists to investigate suspected and confirmed foodborne illnesses and take steps to reduce disease and prevent future outbreaks.

	SFY 02	SFY 03	SFY 04	SFY 05
Foodborne outbreaks	9	5	5	8
From licensed food est.	4	4	3	6
From home, church, picnics	5	1	2	2
People ill	66	96	81	539

NOTE: Confirmed and probable cases are counted in total. Two large outbreaks accounted for the majority of ill people listed in 2005.

Bureau of Community and Environmental Health

The Bureau of Community and Environmental Health promotes and protects the health of people by providing leadership, education, outreach programs, technical assistance, and analysis to prevent injuries, reduce risk behaviors, control chronic disease, and prevent and reduce exposure to environmental risks.

The bureau is comprised of three sections: Risk Behavior Prevention, Chronic Diseases, and Environmental Health.

Programs that make up Risk Behavior Prevention include tobacco prevention and control, physical activity and nutrition, unintentional injury, and sexual violence prevention.

Chronic Diseases includes asthma and diabetes prevention and control, comprehensive cancer control, and oral health.

Environmental Health addresses environmental health education and assessment associated with contaminated environments, indoor environment, and fish consumption advisories.

Tobacco Prevention and Control

The Tobacco Prevention and Control (TPC) Program works to create a state free from tobacco-related death and disease. Dubbed “Project Filter,” the comprehensive program addresses tobacco use and secondhand smoke exposure by promoting healthy behaviors. The TPC program fosters statewide coordination necessary for successful tobacco control within these program goals:

- Prevent initiation of tobacco use among youth;
- Promote tobacco cessation among users;
- Eliminate exposure to secondhand smoke; and
- Identify and eliminate tobacco-related disparities.

Through a targeted, multi-faceted approach, the TPC program has helped reduce smoking in Idaho. Idaho ranks third in the nation for the lowest percentage of adults who smoked in 2004 at 17.4 percent. The national percentage of adults who smoked was 21.6 percent.

Idaho Adults aged 18 and Over	CY 2001	CY 2002	CY 2003	CY 2004
Cigarette smoking (smoked 100+ cigarettes in lifetime and now smoke every day or some days)	19.6%	20.7%	18.9%	17.4%

Note: According to the 2003 Youth Risk Behavior Survey, 14 percent of Idaho students in grades 9-12 smoked one or more cigarettes in the last 30 days.

Physical Activity and Nutrition Program

The Idaho Physical Activity and Nutrition Program (PAN) promotes a culture of health and vigor by encouraging and enabling Idahoans of all ages to be physically active and make good food choices. PAN promotes these ideals by enhancing education and awareness, supporting successful community programs and practices, and encouraging community designs and public policies that take citizens' health into account. The national percentage of overweight adults in 2004 was 59.9 percent.

Idaho Adults 18 and Over	CY 2001	CY 2002	CY 2003	CY 2004
Overweight Adults (Body Mass Index >25)	59.3%	57.3%	59.3%	58.2%

Note: According to the 2003 Youth Risk Behavior Survey, 30.1 percent of Idaho students in grades 9-12 considered themselves overweight.

Injury Prevention

The Unintentional Injury Prevention Program contracts with Idaho's seven Public Health Districts to implement a fall prevention exercise program (Fit and Fall Proof) for the elderly. The program focuses on improving balance, strength, and flexibility to reduce the risk of falling.

From 2001-2004, falls were the leading cause of accidental injury deaths among Idahoans aged 65 and older. A total of 52.9 percent of all accidental injury deaths to the 65-plus age group were due to accidental falls.

Injury Death Rate, Death Due to Accidental Falls*

	<65	65+	Total
CY 2004	1.6	59.2	8.2
CY 2003	2.3	64.9	9.4
CY 2002	1.6	62.9	8.5
CY 2001	1.6	61.8	8.4

**Rate per 100,000 population.*

Number of Deaths Due to Accidental Falls

	<65	65+	Total
CY 2004	20	94	114
CY 2003	28	101	129
CY 2002	19	95	114
CY 2001	19	92	111

Emergency Medical Services

The Emergency Medical Services (EMS) Bureau supports the statewide system that responds to critical illness and injury situations. Services include licensing ambulance and non-transport EMS services, certification and recertification of EMS personnel, operation of the statewide EMS Communications Center, providing technical assistance and grants to community EMS agencies, and evaluating EMS system performance.

EMS Personnel Certification

An individual is certified by the EMS Bureau for a two- or three-year period, indicating minimum standards of EMS proficiency have been met. All Idaho certified personnel are trained in courses which meet or exceed the national standard curriculum.

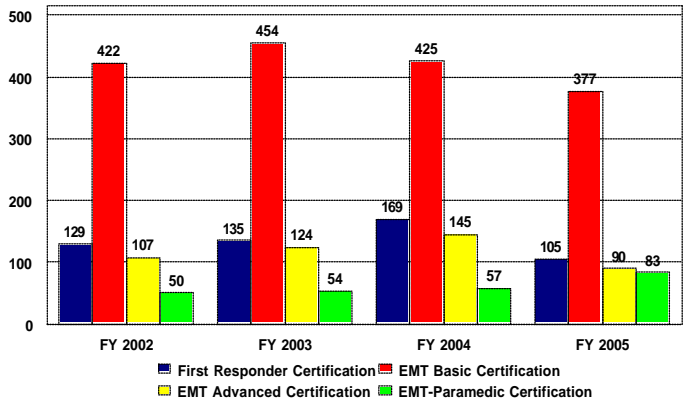
Recertification is the process of renewing certification at the same level. For recertification, the provider must meet continuing education requirements that include documentation of continued skill proficiency by a medical director or local EMS agency official. Recertification is offered in June and December each year. Bureau workload consists of approving instructors to teach courses related to EMS, administering National Registry examinations, processing applications for certification, recertification, and reciprocity with other states.

Personnel are certified at one of four levels:

- First Responder courses require a minimum of 55 hours of training. These providers are trained and certified to perform CPR, recognize injuries and medical emergencies, splint and bandage injuries, care for women in childbirth and other special patients, and operate a semi-automatic defibrillator;
- Emergency Medical Technician-Basic courses require 110 hours of training. These personnel are trained and certified to perform skills listed in the preceding level plus caring for injuries and medical emergencies, airway suctioning, and operating an automated external defibrillator (AED);
- Advanced EMT-Ambulance courses require an additional 50 hours of didactic and clinical training. Personnel are trained and certified to perform skills listed in the preceding levels plus esophageal and endotracheal airway placement, initiation and maintenance of peripheral intravenous and intraosseous fluid infusions, and drawing peripheral blood specimens; and

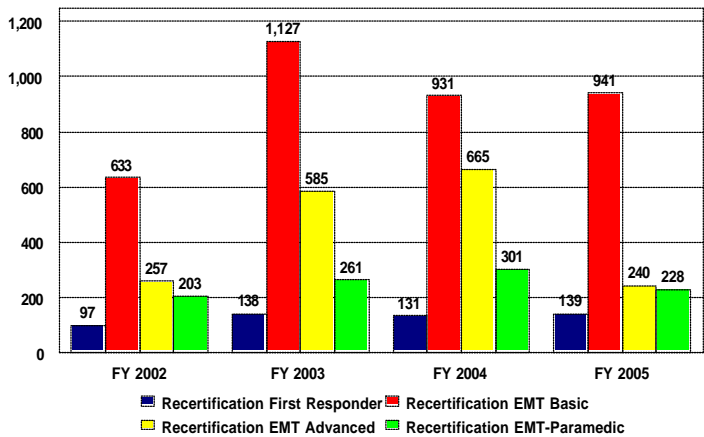
- EMT-Paramedic courses require an additional 1,000 hours of didactic, clinical, and field internship training. Personnel are trained and certified to perform skills listed in the preceding levels plus manual cardiac defibrillation and cardioversion, cardiac rhythm interpretation, transcutaneous cardiac pacing, endotracheal intubation, needle cricothyrotomy, tracheal suctioning, administration of medications under written or verbal orders of a physician, and needle decompression of tension pneumothorax.

EMS Personnel Certifications



Note: First responders require a minimum of 55 hours training, EMT Basic requires an additional 110 hours training plus clinical training, Advanced EMT requires an additional 50 hour training plus clinical training, and paramedics require 1,000 additional hours of training plus clinical and field internship training.

EMS Personnel Recertifications



Training Grants

EMS Training Grants are available to all Idaho licensed EMS agencies to assist with initial and refresher EMS training courses. Funds may be used for payment of instructors, purchasing books or training supplies, testing or criminal history background check fees, or tuitions.

Year	SFY02	SFY03	SFY04	SFY 05
Grant Requests	\$259,785	\$369,771	\$237,720	\$252,980
Grants Awarded	\$129,163	\$111,743	\$105,257	\$112,259
Agencies Applying	50	60	106	73
Agencies Awarded	48	58	76	61

Dedicated Grants

The EMS Dedicated Grant program has operated for five years, providing funds for EMS vehicles and patient care equipment. Funds are collected from the purchase of drivers' license and renewal fees. Of the 194 licensed Idaho EMS agencies, approximately 180 are eligible to apply. Qualifying applicants must be a governmental or registered non-profit organization.

Transport ambulances, non-transport quick response, search and rescue, and extrication vehicles have been funded through this program. Patient care equipment includes items that provide airway management, cardiac monitoring and defibrillation, communications, extrication, patient assessment, patient moving, rescue, safety, spinal immobilization, splinting, and vital signs monitoring.

Year	SFY03	SFY04	SFY05	SFY06
Grant Requests	\$3.7 mil.	\$3.2 mil.	\$3.7 mil.	\$4.1 mil.
Grants Awarded	\$0.7 mil.	\$1.2 mil.	\$1.1 mil.	\$1.3 mil.
Vehicle Requests	39	34	49	45
Vehicles Awarded	9	14	14	14
Patient Care Equipment				
Agencies Applying	70	74	82	64
Agences Awarded	33	52	51	54

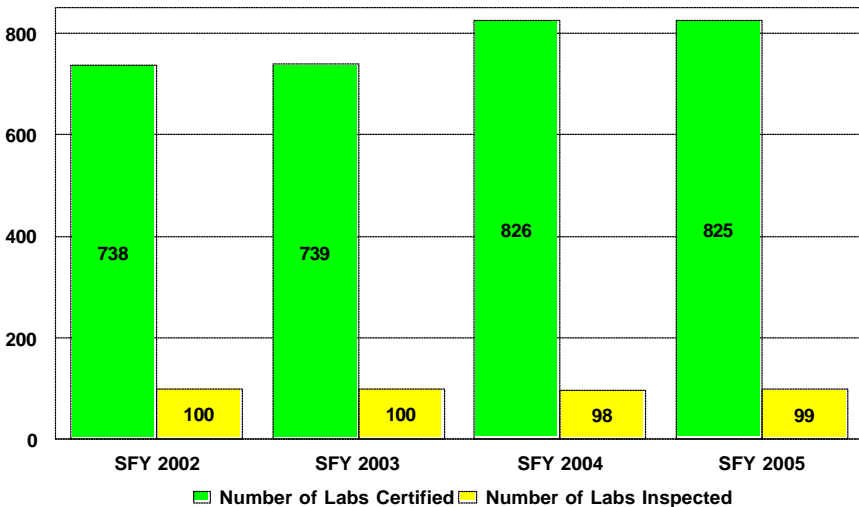
Laboratory Services

The Public Health Laboratory provides a wide range of services including testing for communicable diseases; analyzing environmental samples; testing for bioterrorism agents; administering state and federal regulations governing operation of private physician and hospital clinical laboratories; and required testing for transportation and disposal of hazardous materials. The State Lab has been at the forefront in surveillance of West Nile virus, testing samples from mosquito pools, birds, horses, and people. Laboratory services are provided by a central lab in Boise where facilities and capacity have been significantly upgraded.

The number of inspected laboratories refers only to those inspected by the Laboratory Improvement Section under CLIA regulations. This does not include 43 JCAHO, CAP, and COLA laboratories.*

- * CLIA — Clinical Laboratory Improvement Amendment.
- JCAHO — Joint Commission on Accreditation of Healthcare Organizations.
- CAP — College of American Pathologists.

Number of Labs Certified and Inspected



Note: Not all certified labs are inspected. The portion of labs Health and Welfare inspects has decreased slightly in the last few years due to changes in federal laws that reduce the number of labs needing on-site inspections. The Department has increased the number of labs in Idaho certified by CLIA.

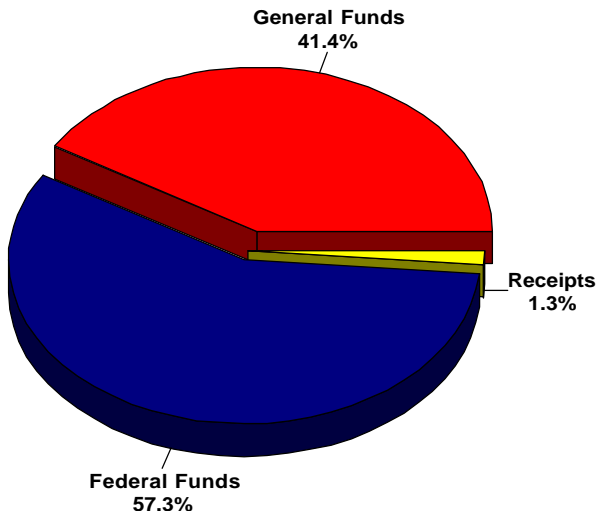
Indirect Support Services

Indirect Support Services provides the vision, management, and technical support for carrying out the Department's mission. Indirect Support includes the Office of the Director, Regional Directors, Legal Services, Management Services, Human Resources, and Information and Technology Services.

The Office of the Director oversees the entire Department, working with the Governor's Office and the Idaho Legislature to effectively and economically provide policy direction for services and programs of the Department. Regional Directors represent the Director in each of the seven regions of the state.

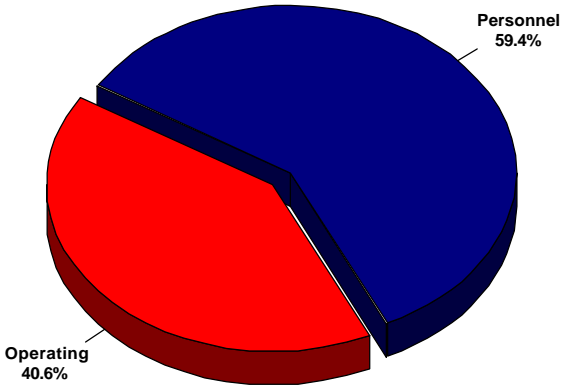
The staff of Legal Services are contracted through the State Attorney General's office and provide legal advice and litigation services. The Division of Management Services provides accounting and budgeting services, oversees the Department's facilities, performs internal reviews, and processes all payroll actions. The Division of Human Resources provides services to attract, retain, and develop a workforce to support the Department's mission. The Division of Information and Technology Services plans and manages all computer hardware, software, and data processing support for the Department.

Indirect Support SFY 2005 Funding Sources



Authorized FTP: 300; Original 2005 Appropriation — General Fund: \$16.5 million; Total Funds: \$39.8 million; 2.8% of Health and Welfare funding.

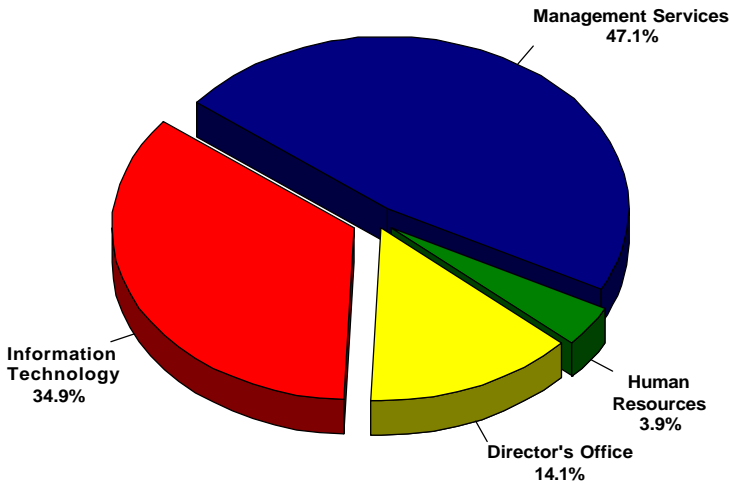
Indirect Support SFY 2005 Expenditure Categories



Indirect Support Spending

Management Services provides administrative and financial support for the Department. Information Technology provides automated and computer support for delivery of services, along with hardware, software, and networking support across the state. Regional and Department administrative support is provided through the Director's Office. Human Resources supports the Department's workforce of 3,021 employees throughout the state.

Indirect Support Spending



Office of the Director

Karl B. Kurtz, Director, 334-5500

The Director's Office sets policy and direction for the Department while providing the vision for improving the Department. The Director's Office sets the tone for customer service and ensures implementation of the Department's Strategic Plan.

The Office relies on the Executive Leadership Team (ELT) to help formulate policy. ELT is comprised of members of the Director's Office, Division Administrators, Regional Directors, and Administrators of State Hospital South, State Hospital North, and Idaho State School and Hospital. The Director's Office includes:

- The Director;
- A Deputy Director responsible for general operations, direction, and oversight of Central Office Divisions;
- A Deputy Director responsible for direction and oversight of Regional Directors and the Department's legislative administration; and
- A Public Information Officer responsible for media inquiries and Department public information materials.

Division of Management Services

David Butler, Deputy Director, 334-5578

The Division of Management Services provides administrative services to support the Department's programs and goals. It manages the Department's budget, cash flow, and physical assets; oversees accounting and reporting; provides fraud investigation services; and processes all payroll actions. Through cooperation with other Divisions, Management Services provides guidance and support to ensure resources are managed responsibly.

Bureau of Financial Services

Financial Services consists of Financial Management, General Ledger, Accounts Payable, and Electronic Benefits sections.

Financial Management

Ensures adequate cash is available for the Department to meet its financial obligations and functions as the financial liaison to human services programs by:

- Drawing federal funds from the U.S. Treasury to meet immediate cash needs of federally funded programs;
- Requesting state general and dedicated funds through the Office of the State Controller;
- Preparing expenditure reports for more than 100 federal grants that fund Department programs. The largest of these federal grants is Medicaid, for which the FY 2005 award was \$759 million;
- Operating a federally approved cost allocation plan that facilitates recovery of indirect costs incurred in support of federal programs;
- Managing three Random Moment Time Studies used to charge costs to federal grants that fund Self-Reliance programs, Family and Community Services, and Mental Health Services;
- Preparing and submitting the Department's annual budget request to the Division of Financial Management and Legislative Services;
- Distributing appropriated funding to more than 2,500 operating budgets within the Department;
- Monitoring program expenditure trends to allocated funding;
- Preparing various financial analysis and reporting for division and executive management;
- Monitoring established positions; and
- Researching and compiling historical expenditure and revenue information.

General Ledger

This unit supports the automated accounting systems used by the Department. It also provides system support including design, testing, troubleshooting, interface with program systems, reconciliation, GAAP reporting, and the Help Desk for accounting issues. The unit supports these systems:

- FISCAL — Primary accounting system including major modules for cost allocation, cash management, budgetary control, and management reporting;
- BARS — Primary accounts receivable, receipting, and collections system;
- ARTS — Fixed asset accounting and inventory system;
- CARS — Motor pool management and reporting system;
- TRUST — Client level trust management and reporting system to account for funds held as fiduciary trustee;
- P-Card — Electronic purchasing and payment system;
- Navision — Front-end data entry and approval processing of vendor payments; and
- I-Time — Web-based employee time entry system.

Accounts Payable

This unit is the statewide accounts payable unit that performs all accounts payable interaction with the Navision accounting system. This unit is responsible for:

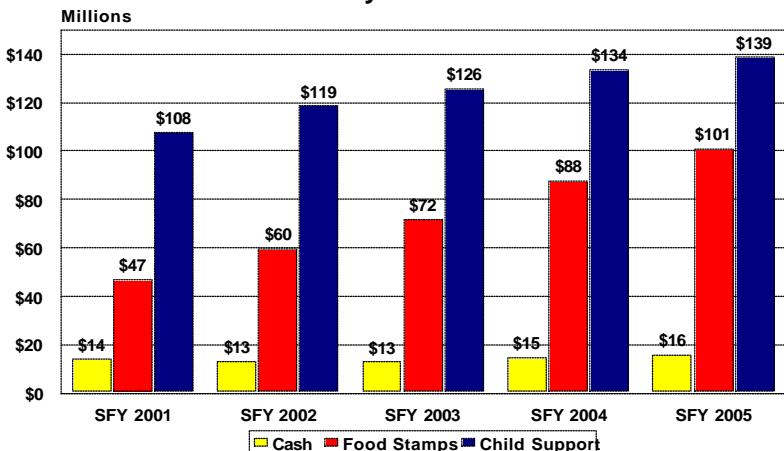
- Vendor payments;
- Vendor edits;
- Warrant issues such as stop payments, forgery, and re-issue;
- Rotary Fund payments;
- Interagency payments and collections;
- Central Office receipting;
- Navision approver technical assistance; and
- Invoice/payment audit.

Electronic Benefit Transfers (EBT)

The Electronic Benefits Transfer Program is responsible for implementation, development, and daily operations of the Department's electronic food benefits and cash payments activities. The Department contracts with a vendor to set up and maintain accounts for Food Stamp benefits, Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind, and Disabled (State Supplement), and Child Support payments. Participants can access their food benefits with an EBT Debit Quest Card. Participants receiving cash payments have the option of accessing their cash with an EBT Debit Quest Card, or the funds can be deposited directly into their personal bank account.

The areas of responsibility of the EBT program are as follows: Administration, Customer Support, Systems Management, and Field Operations.

Electronic Payments Distributed



Bureau of Operational Services

Contracts and Purchasing

- Purchases products that cost between \$5,000 and \$50,000 and coordinates with the Department of Administration's Division of Purchasing for items greater than \$50,000.
- Provides support, technical assistance, and administration for securing service contracts, and grants. There were approximately 1,100 active contracts and grants Department-wide during SFY 2005.
- Has responsibility for use, training, and daily operation of the electronic CONTRAXX management system.
- Develops and maintains the Department contract and purchasing manual, policy, and procedures, and provides staff training.

Facilities Management

This section oversees maintenance and construction of state-owned facilities, monitors and coordinates office space leases for the Department, and:

- Plans space for relocations and new facilities;
- Coordinates telephone services and purchases telephone equipment;
- Coordinates data cable installations to ensure uniformity, adherence to Department standards, and cost controls;
- Compiles project listings to maintain facilities that meet code requirements, ADA compliance, and program needs;
- Is responsible for maintenance and care of DHW leased and owned facilities at 57 locations statewide;
- Coordinates and oversees office relocations statewide;
- Prepares and submits the Department's annual "Capital and Alterations and Repair" budget to the Permanent Building Fund Advisory Council;
- Monitors and inspects projects under construction;
- Coordinates and monitors construction of the Department's buildings and major maintenance projects under delegated authority from the Department of Administration, Division of Public Works;
- Monitors, negotiates, and coordinates leases for the Department under delegated authority from the Department of Administration, Division of Public Works, for more than 636,000 square feet; and
- Ensures proper maintenance and mileage distribution for the Department's motor pool. Total miles driven in SFY 2005 increased 11 percent.

HUB Units

These units have field staff in three locations throughout the state to provide administrative, financial, and facilities support for field program staff:

- North HUB — Lewiston
- West HUB — Nampa
- East HUB — Blackfoot

Accounts Receivable

Billing and collection activity is the responsibility of this unit, unless specifically assigned to another. The Department pursues debts including fees for service, third-party recoveries, benefit overpayments, or any debt negotiated through a repayment agreement.

This unit is located in Twin Falls to use available office space in a state-owned facility. Its primary responsibilities are:

- Statewide collection of provider fraud and individual fraud overpayments;
- Statewide collection of welfare benefit program overpayments;
- Statewide billing and collection for the Department's fee for service programs;
- State Lab billings;
- Statewide Criminal History Unit billing; and
- Interagency billings.

Payroll

This unit handles all employee documents relating to insurance, compensation, and payroll deductions, and provides consultation to field offices, and:

- Operates the Payroll and Employee Information System (EIS) through the Idaho Paperless Online Payroll/Personnel System (IPOPS);
- Provides payroll and benefit support for regional, institutional, Central Office, and field personnel;
- Verifies online time entry for all staff to ensure accurate and timely employee compensation;
- Distributes bi-weekly payroll warrants and pay stubs;
- Provides validation and entry of information for new hires, terminations, transfers, etc., and payroll deductions such as health insurance and pension to ensure EIS data integrity; and
- Maintains and safeguards employee personnel records for Central Office Divisions.

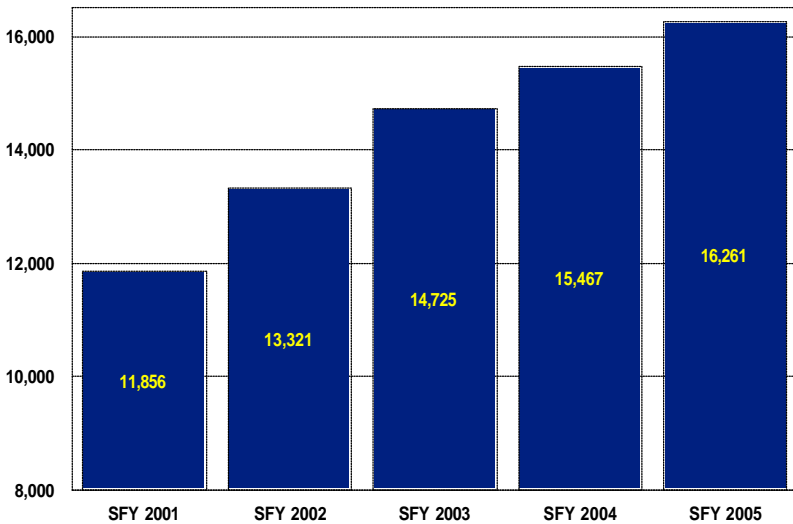
Bureau of Audits and Investigations

The Bureau of Audits and Investigations consists of the Criminal History Unit, Fraud Investigations Unit, Surveillance and Utilization Review Unit, and Internal Audit Unit.

Criminal History Unit

The Criminal History Unit conducts required background checks and is central repository of agency background check information received from the FBI and the Department of Law Enforcement. Background checks are required for people who provide direct care and services for program participants including staff, contractors, licensed child care providers, and foster and adoptive parents.

Criminal History Checks by Year



The Department's Fraud and Abuse Program consists of the Fraud Investigation Unit and the Surveillance and Utilization Review (SUR) Unit.

Fraud Unit

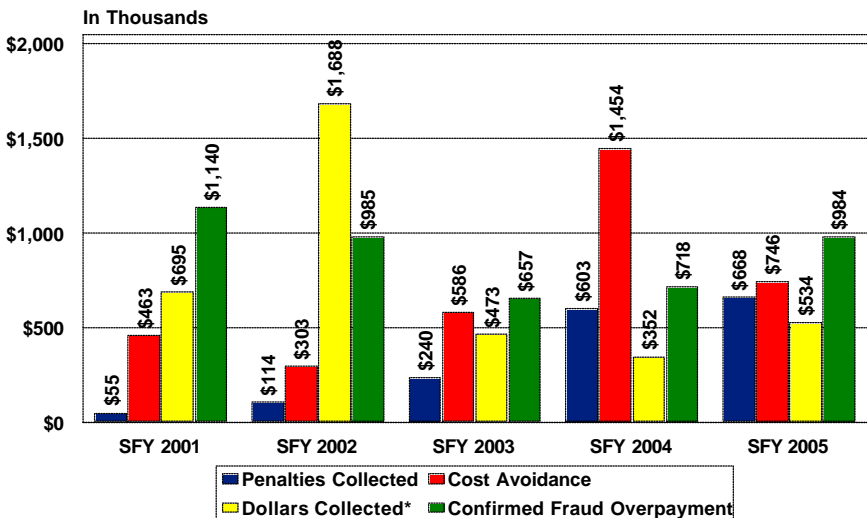
The Fraud Unit investigates allegations of fraud that include providers, contractors, welfare programs, and internal investigations. Investigators stationed statewide work with other state and federal agencies to investigate and prosecute providers and clients identified as defrauding Medicaid and Welfare programs.

This unit concentrates its efforts on establishing a deterrent for fraud by focusing on cases that warrant prosecution and increase referrals to prosecutors. A fraud hotline to receive and track complaints was implemented in 2002. In SFY 2005, the Department received 996 complaints alleging welfare benefit fraud, resulting in 216 investigations. There were 11 welfare fraud prosecutions and 26 referrals to prosecutors.

SUR Unit

The SUR Unit investigates fraud and abuse within the Medicaid Program by monitoring and reviewing provider billing practices, as well as reviewing provider records of support services billed to the program. Medicaid investigations are initiated through complaints from providers or clients, referrals from other agencies, and through proactive targeting or reviews of claims to identify improper billing. Once investigated, issues may be resolved through provider education, policy revision, recovery of funds, civil monetary penalties imposed, provider agreement termination, program exclusion, or referral for prosecution. Efforts for Medicaid provider fraud concentrate on cases which have the greatest potential for investigation and recovery of funds.

Medicaid Provider Fraud



*Some dollars are collected on cases from previous years. Cases of "Confirmed Fraud Overpayment" are not collections for recovery of funds.

Provider collections and confirmed overpayments increase or decrease based upon the types and dollar amounts of cases finalized in a given year. Collections also are based upon a provider's ability to repay once cases are finalized.

Internal Audit Unit

The Internal Audit Unit provides for independent appraisal of various operations and systems of control to determine whether policies and procedures are following legislative requirements and established standards are met, resources are used efficiently and economically, and planned objectives are accomplished effectively.

Division of Human Resources

Diana Jansen, Administrator, 334-0632

The Division of Human Resources supports hiring and retaining the right people with the right skills to achieve the Department's mission, vision, and goals. The Division's focus is on the Department's Strategic Plan, business partnerships, progressive business practices, and business needs of the Department. Specific services include:

Civil Rights/Affirmative Action/Equal Employment Opportunity (EEO)

- Supports Department commitment to advance equal opportunity in employment through education and technical assistance.
- Educates employees on how to maintain a workplace where employees are treated with courtesy, respect, and dignity.
- Consults and ensures resolution of civil rights complaints, compliance, and agency audits or site reviews.

Workforce and Development

- Promotes, coordinates, and provides leadership and management development, succession planning, supervisory development, organizational development, and skills and knowledge development.
- Assists staff in trend forecasting, scenario planning, strategic plan improvement, and special projects.
- Facilitates development and implementation of online learning opportunities for Department staff.

Recruitment and Retention

- Provides management consultation on effective practices and hiring options for filling current and future needs.
- Develops and implements recruitment campaigns to fill Department openings.
- Develops relationships and partnerships with Idaho and regional universities for awareness of Department career opportunities, for educational enrichment, internships, and recruiting qualified talent.

Human Resource Systems and Compensation

- Provides consultation in support of system-wide approaches and views of compensation, position utilization, and classification.
- Researches, develops, and implements human resource system enhancements.

Employee Relations and Human Resource Policy Procedure

- Coaches management and supervisors in promoting positive employee performance.
- Consults with management and supervisors to consistently resolve employee issues related to discipline.
- Provides consultation to employees and supervisors in the Problem-Solving process.
- Manages the Department's Drug and Alcohol Free Workplace program.
- Develops and maintains the Department's human resource policies and procedures, ensuring they meet the Department's business needs, while complying with state laws and rules.

Employee Benefits

- Provides employees with information and resources to promote healthy and safe lifestyles.
- Provides timely information to employees about benefit opportunities and changes.

Office of Privacy and Confidentiality

- Creates and maintains standard processes, infrastructure, and systems to ensure protection of confidential information, as well as ensuring the participant's exercise of their privacy rights, and improving services to customers.
- Assures individual health care information is safe from unauthorized access.

Information and Technology Services Division

Bruce Dunham, Administrator, 334-6598

The Information and Technology Services Division (ITSD) provides office automation, information processing, and local, wide area, and Internet connectivity for Department staff statewide. The division provides leadership and direction in the use of information technology to support our mission to promote the social, economic, mental, and physical health of Idahoans.

ITSD is responsible for:

- Providing direction in policy, planning, budget, and acquisition of information resources related to all IT projects and upgrades to hardware, software, telecommunications systems, and systems security;
- Overseeing the review, analysis, evaluation, and documentation of IT systems in accordance with Idaho rules and policies;
- Maintaining all departmental information technology resources, ensuring availability, backup, and disaster recovery for all systems;
- Securing information technology resources to meet all state, federal, and local rules and policies to maintain client confidentiality and protect sensitive information;
- Overseeing development, maintenance, and enhancement of application systems and programs for all computer services, local areas networks, and data communications internally and with external stakeholders; and
- Providing direction for development and management of Department-wide information architecture standards.

ITSD provides reliable, timely, high quality, innovative, flexible, cost-effective information technology solutions, working with our business partners to identify and prioritize products and services required to support our Department's mission.

ITSD is comprised of five organizational areas:

Bureau of Application Support and Development

The bureau's primary responsibility is operation, maintenance, and support of the Department's business applications. It also is responsible for ongoing enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf

products into the Department's application framework.

The bureau has three functional areas:

1. Application Support is responsible for operation, maintenance, and support of Department applications and includes:
 - Mainframe application support;
 - Internet/Intranet application support;
 - Client server application support; and
 - Application support helpdesk.
2. Application Development is responsible for ongoing enhancements of existing applications, development of new business applications, and integration of commercial, off-the-shelf products into the Department's application framework and includes:
 - Mainframe application development;
 - Internet/Intranet application development;
 - Client server application development; and
 - Enterprise Data Warehouse development.
3. Application Delivery includes:
 - Quality assurance;
 - Application testing;
 - Systems production support; and
 - Technical documentation.

Project Management Office

The Project Management Office (PMO) is responsible for tracking and managing information technology projects. Relationship managers within the PMO work directly with the DHW business areas. Relationship managers assist the business with project identification and definition, serve as the primary contact for IT issues, and manage business project portfolios. Project managers and project support staff manage projects, conduct business and requirements analysis, and coordinate work with other IT bureaus to meet technology and automated system needs.

Enterprise Architecture

The Enterprise Architecture group sets technical direction for the agency and helps coordinate technology investments between organizational units within the agency to avoid duplication of effort and multiplication of public investments in information technology systems. It plays a lead role in the technical strategy to transition from obsolete legacy platforms to a single, modern computing platform that gives our

staff all the tools they need to quickly and efficiently do their jobs. It helps ensure technology investments increase the capabilities of the whole organization instead of investing in isolated systems that divide our efforts and resources. The group also enforces measurable accountability metrics on all technology investments, from inception to production, so we can ensure return on our investments. Above all, the enterprise architecture group tries to ensure that our efforts and investments directly support our public mission of making a positive difference in service to Idaho's most vulnerable citizens.

The Bureau of IT Infrastructure

IT Infrastructure is responsible for developing and maintaining Network and Server hardware and related infrastructure which includes:

- Wide Area and Local Area Network support statewide;
- User and Data Security;
- Forensics support;
- Database and Data Warehouse security and support;
- Server deployment and maintenance;
- Server and Desktop PC vulnerability patching; and
- Support for Operations, Applications Support, and the Project Management Office.

IT Operations Bureau

The Operations Bureau provides technical support services and coordinates resources to promote the efficient use of technology throughout the Department. The bureau consists of:

- ITSD Helpdesk — Provides Department staff with technical support services for all computer-related issues including hardware, software, and network;
- Print Support — Single point of contact for all network printing services, including multi-function systems;
- Statewide Technical Support — IT support staff located throughout the state provide on-site Information Technology services;
- HOST Data Operations — Coordinates printing and distribution of all HOST-related data, including restricted federal (IRS) information;
- Data Center Operations — Provides support for data center facilities and associated computer systems; and
- Technology Reviews — Researches, evaluates, tests, and recommends technology to enhance technical productivity throughout the agency.

2005 Highlights

Under new leadership, ITSD has embarked on a number of initiatives to better meet the Department's growing and evolving needs for information technology:

Reorganization — ITSD was reorganized into functional departments instead of a division for each program. Reorganization minimizes duplication of effort and resources within the organization while allowing us to respond more flexibly to new program needs.

Enterprise Framework — ITSD has begun to define a framework for developing new IT systems to minimize duplication of effort and training while maximizing technology investment and our ability to leverage IT assets across the division.

Legacy Modernization — ITSD has embarked on a program to evaluate our legacy business systems and determine an appropriate lifecycle for their replacement as they become too costly to update and maintain. Major systems proposed for replacement are:

- **EPICS System**

Function — EPICS is an automated system to determine eligibility and process applications in Self-Reliance Programs that include Medicaid, Food Stamps, cash assistance, and child care. EPICS is the workhorse in helping Self-Reliance workers manage approximately 375,000 cases each year. Eligibility determination in Self-Reliance programs is a highly complex process that takes into account an individual's personal, financial, and household data. The system must be dependable and deliver accurate benefit determinations to avoid federal penalties.

Status — EPICS is 20-years-old and antiquated by technology standards. The system is labor-intensive, cumbersome to work with, and fails to meet Department needs. Programming is difficult and expensive when changes are necessary due to federal or state rule or statute changes.

Replacement Strategy — We propose to purchase a new technology framework that establishes a foundation to expand. This foundation will be the initial investment in the Department's enterprise approach to establish and manage a new technology suite. This framework will not only replace EPICS with a more efficient, flexible, and user-friendly system, it will serve as the foundation for other future systems, maximizing return on investment.

- **Statewide Document Management**

Function — With recent growth in caseloads resulting in an increase

in paper files, management of a paper file system is becoming an increasing challenge. The Department manages more than 30 million paper pages in active case files for the Divisions of Welfare and Family and Community Services. An average of 25,000 paper files are added each day, supporting new applications, court orders, medical reports, income and expense verifications, and case status requests. This information is necessary for case management, and the files provide an audit trail to determine compliance and perform quality assurance. A statewide document management system will reduce dependency on the physical location of paper files and the inherent limitations of only one staff member being able to access files at any given time. With 50 office locations throughout the state, a document imaging system will improve customer service and reduce delays. It also will help eliminate the number of "lost" files that are misplaced as paper documents are shared between offices. By converting paper files to electronic images, documents can be accessed across programs from any Department workstation by multiple workers simultaneously.

Strategy — The Department is implementing a document management system in Medicaid in SFY 2007. All software and licensing acquired in this project will be owned by the Department. We will request funding to leverage technology purchased by Medicaid and expand its use to meet broader needs of the Department.

- **Medicaid Management Information System (MMIS)**

Function — The MMIS is a highly complex computer system that maintains information on 175,000 Medicaid clients and is responsible for managing payments to 17,000 Medicaid providers. A total of 40,000 claims are processed through the MMIS every day, with \$21 million in payments to providers made each week. The MMIS interfaces with multiple systems to exchange data and will have the flexibility to be configured to meet federal and state statutes, rules, and policies.

Status — The contract for operation and maintenance of the MMIS expires in December 2007. By CMS policy, we are unable to extend the contract any further. The Department has allotted 24 months to implement the new MMIS.

Replacement Strategy — A request for proposals was issued in May 2005, with a contract to be awarded by December. The Department has requested supplemental funding in SFY 2006 to complete the first six months of implementation. Separate requests for SFY 2007 and SFY 2008 will support the remainder of the project.

Council on Developmental Disabilities

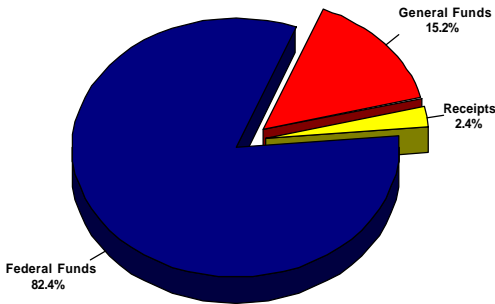
Marilyn Sword, Executive Director, 334-2178

The Idaho Council on Developmental Disabilities is the planning and advisory body for programs impacting people with developmental disabilities.

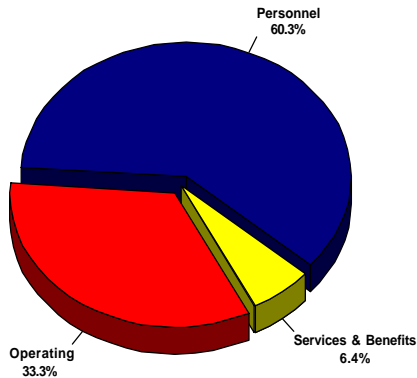
Council Vision: All Idahoans participate as equal members of society and are empowered to reach their full potential as responsible and contributing members of their communities.

Council Mission: To promote the capacity of people with developmental disabilities and their families to determine, access, and direct services and support they choose, and to build communities' abilities to support those choices.

Council on Developmental Disabilities FY 2006 Funding Sources



FY 2006 Expenditure Categories



*Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 6; General Fund: \$96,300 Total Funds: \$631,500; 0.04% of Health and Welfare funding.**

Council Initiatives

Education: The Council co-sponsored the fifth Idaho Youth Leadership Forum Summit in Boise for high school students with disabilities; monitored Congressional action on IDEA; participated in developing graduation guidelines for students with disabilities; provided input for Idaho's new achievement standards; and partnered with other agencies to promote secondary transition efforts.

Health: The Council worked to prevent cuts in the Children's Special Health Program and partnered with others to develop solutions.

Recreation: Based upon the success of Adventure Island in Meridian, the Council is providing \$10,000 to another Idaho community to develop a universal access playground.

Self-Determination: The Council contracted with the Center on Disabilities and Human Development at the University of Idaho for the seventh class of Idaho Partners in Policymaking. There are 140 graduates statewide. The Self-Determination Task Force concluded its planning and design of a self-directed service model and turned the construction work over to Medicaid. Their work is being used to submit an application to amend the HCBS waiver for adults with developmental disabilities, develop and negotiate rules, and implement the program in early 2006. The Council continues to use funds from an Independence Plus grant for support training to regional self-advocate teams which train other self-advocates to gain independence and assume responsibility in their lives. The Council conducted a self-determination public awareness campaign by tour bus to 36 communities. Materials gathered from the tour will fuel additional public awareness and outreach activities.

Transportation: The Council serves on the Interagency Work Group on Public Transportation which supports three regional efforts and is researching ways to address transportation shortages in rural areas.

Employment: The Council promotes integrated work. It has requested a legislative audit of segregated work programs and is planning a cost-benefit analysis. The Council continues to collaborate with others to advocate for funds to implement a Medicaid Buy-In program to allow people with disabilities to go to work and buy into Medicaid coverage.

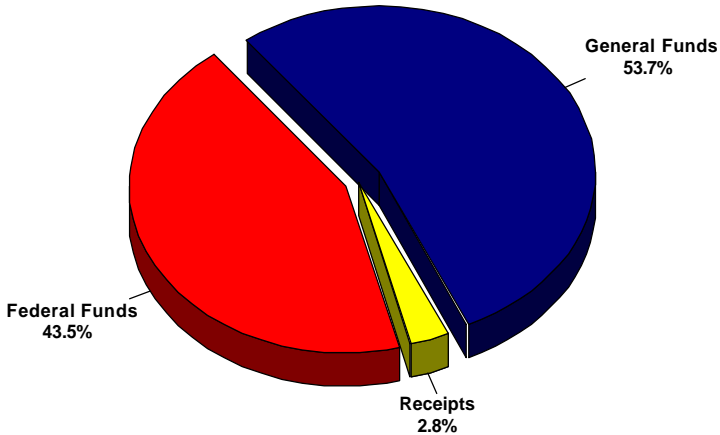
Community Supports: The Council participates as a member of the Family Support Policy Council and annually supports Disability Mentoring Day projects across the state.

Housing: The Council is a partner in Opening Doors, a new organization reviving the Home of Your Own (HOYO) program in Idaho.

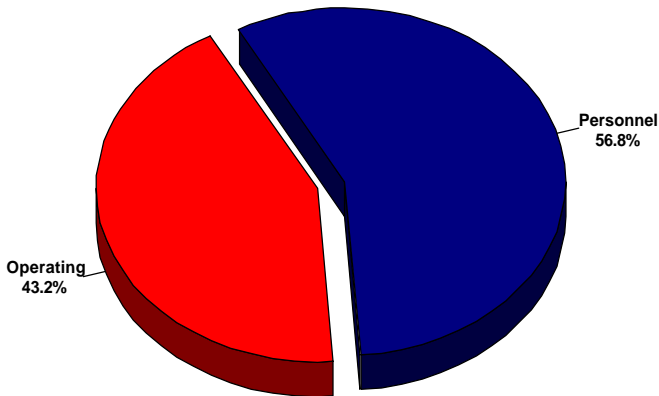
Council on the Deaf and Hard of Hearing

Wes Maynard, Executive Director, 334-0879

FY 2006 Funding Sources



FY 2005 Expenditure Categories



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 2; General Fund: \$142,700; Total Funds: \$265,700; 0.02% of Health and Welfare funding.

The Council serves more than 200,000 Idahoans who are hard of hearing and more than 4,500 people who are deaf. The Council's primary activities for SFY 2006 are:

Educational Interpreter Quality Assurance

The Educational Interpreter Interagency Consortium assists in oversight of grant activities that include:

- Assessing skills and needs of Educational Interpreters in the classroom, using the Educational Interpreter Performance Assessment (EIPA);
- Providing training for interpreters; and
- Reassessing skills through the EIPA to determine the impact of training. Seven hundred educational interpreters working in public schools are being assessed over the two-year period of the grant.

Educational Interpreter Guidelines

The Council developed a resource guide, *Educational Interpreters In Idaho's Schools, Guidelines for Administrators, Teachers and Interpreters*, for school administrators, teachers, and interpreters to use in hiring, supervising, training, and providing professional development to interpreters working in Idaho's public schools. The document contains a brief history of development of the standards and rubrics, and a section on the role and responsibility of an Educational Interpreter, as well as the roles of student, classroom teacher, and teacher of the deaf. The document includes suggested protocols for hiring and evaluating Educational Interpreters, and information on evaluation tools such as the Sign Language proficiency Interview (SLPI) and the Educational Interpreters Performance Assessment (EIPA). The resource section also includes information regarding educational needs of the deaf or hard of hearing students and information on how to help a student use an Educational Interpreter. Guidelines have been distributed to school districts.

Demonstration and Loan Centers

The Council continues to support assistive technology demonstration and loan centers throughout the state that provide telecommunication devices, amplified telephones, and alerting and signaling devices for Idahoans to borrow to determine if they would work for them.

Universal Newborn Hearing Screening Early Hearing Detection and Intervention

The Council continues to administer Idaho Sound Beginnings, An Early Hearing Detection and Intervention Program funded by the U.S. Department of Health and Human Services. This program assists hospitals in providing hearing screening for all newborns, tracks newborns who do not pass screening, and assures that newborns diagnosed with a hearing loss receive appropriate early intervention services.

Council Goals

- Idahoans of all ages with a hearing loss have equal access to education, jobs, and recreation, along with programs and services that are easily accessible to those Idahoans without a hearing loss;
- Disseminate information regarding resources and available technology, and pursue education and work opportunities where communication is critical to success;
- Increase awareness of parents, physicians, and other professionals so testing children for hearing loss is done as early as possible. This will ensure that any loss is identified and treated so the child does not lose valuable time when language skills are developing;
- Educate and inform people of the dangers of noise-induced hearing loss and promote ear protection;
- Public and private businesses are aware of the communication access needs of people who have a hearing loss; and
- Promote early identification of newborns with hearing loss and assure early intervention services.

The Council continues to provide more services to clients. Last year, the Council:

- Distributed more than 5,000 newsletters;
- Responded to more than 450 requests for information and assistance;
- Provided demonstration of assistive devices and loans to people who are deaf or hard of hearing at demonstration and loan centers in Idaho Falls, Pocatello, Twin Falls, Boise, Caldwell, Moscow, and Coeur d'Alene; and
- Provided assistance for Idahoans who are deaf or hard of hearing through a program funded from an Assistive Technology grant to help them purchase assistive technology that they otherwise could not afford.

During this fifth year of the Idaho Sound Beginnings Program, the Council produced these results:

- 98 percent of babies born in Idaho are screened for hearing loss (three percent above the benchmark set by the National Center for Hearing Assessment and Management);
- 100 percent of newborns referred for a diagnostic evaluation received evaluations;
- 33 newborns were identified with a hearing loss;
- Training was provided at 28 workshops to assist hospital staff, audiologists, and early intervention workers in continuing newborn hearing screening and intervention programs throughout Idaho and at an annual workshop in conjunction with the Idaho Hospital Association Convention;
- Displayed and provided information at several medical conferences including the Idaho Perinatal conference, in association with the Idaho Chapter of the American Association of Pediatrics, the Idaho Medical Association, the Idaho Hospital Association, the Idaho Academy of Family Physicians, and the Early Years Conference;
- Created and published Statewide Guidelines for Early Hearing Detection and Intervention;
- Continued to partner and support “Idaho Hands & Voices,” a statewide parent support group;
- Distributed more than 800 newsletters to parents, audiologists, early intervention specialists, and other interested parties; and
- Continued long-standing collaboration with other organizations to assure that the early hearing detection and intervention program will be sustainable beyond expiration of federal grants.

Council on Domestic Violence and Victim Assistance

Diane B. Blumel, Executive Director, 334-5580

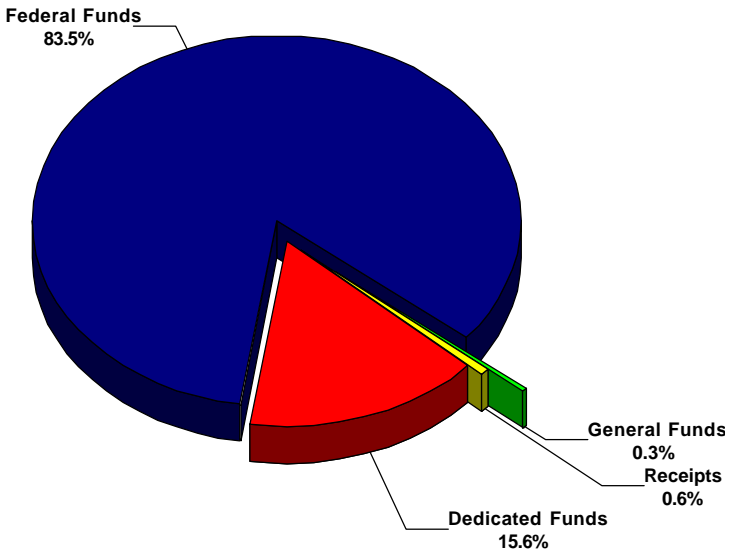
Luann Dettman, Grant/Contract 334-6512

The Council was created in 1982 by the Idaho Legislature to promote assistance to victims of crime. The scope of the council includes:

- Administration of federal and state funding provided to programs that serve crime victims;
- Promoting legislation that impacts crime victims;
- Providing standards for domestic violence programs, sexual assault programs, and batterer treatment programs; and
- Training and public awareness on violence and victim assistance.

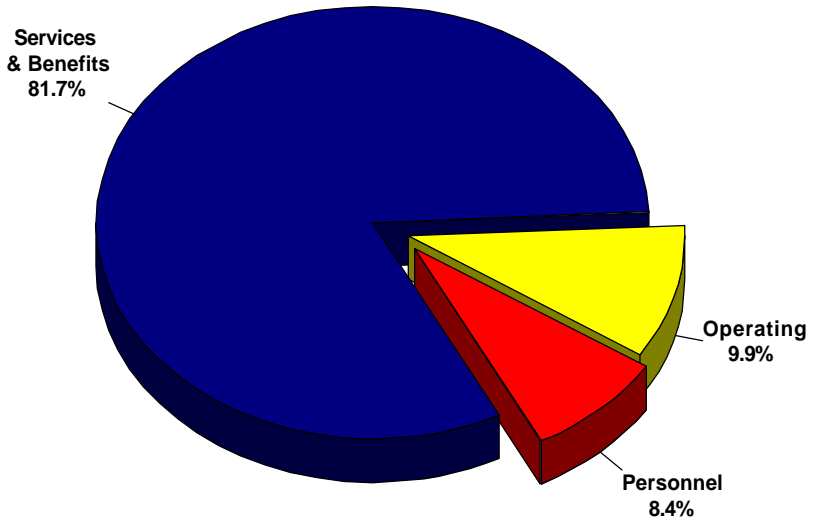
In addition, the Council serves as a statutory advisory body for programs affecting victims of crime, and acts as a coordinating agency for the state on victim assistance issues.

Council on Domestic Violence and Victim Assistance FY 2006 Funding Sources



Funding is channeled through the Department budget, but Councils are independent and not administered by the Department. FTP: 3; General Fund: \$12,500; Total Funds: \$3.8 Million; 0.2% of Health and Welfare funding.

Council on Domestic Violence and Victim Assistance FY 2006 Expenditure Categories



The Council consists of seven members, one from each of the seven Judicial Districts in Idaho: vacant (Region 1); Sonyalee Nutsch (Region 2); Reverend Douglas Yarbrough (Region 3); Tore Beal Gwartney (Region 4); Dan Bristol (Region 5); Karen Hayward (Region 6); and Blair Olsen (Region 7).

As a funding agency, the Council administers a combination of federal and state resources. Primary funding sources include the United States Department of Justice Office for Victims of Crime, the Victims of Crime Act, the Federal Family Violence and Prevention Grant, the Idaho State Domestic Violence Project, and the Idaho Perpetrator Fund.

The Council funds approximately 48 programs throughout the state that provide direct victim and batterer treatment services, including crisis hotlines, shelters, victim/witness coordinators, juvenile services, counseling, court liaisons, and victim family assistance.

The Council also provides statewide training for service providers on crime victim issues, and resources to communities, including publications and educational materials.

Note: For more information, visit www2.state.id.us/crimevictim.

Miscellaneous Information

Description	Number
Health Care Facilities Licensed in Idaho	
Number of Intermediate Care Facilities for People with Mental Retardation	64
Number of Beds Available in ICFs for the Mentally Retarded	564
Number of Hospitals	49
Number of Hospital Beds	3,317
Number of In-State Home Health Agencies	49
Number of Out-of-State Home Health Agencies	10
Number of Residential Care Facilities	269
Number of Beds Available in Residential Care Facilities	6,417
Number of Skilled Nursing Facilities	80
Number of Beds Available in Skilled Nursing Facilities	6,148

Low-Income Weatherization Assistance Program (LIWAP)

LIWAP Federal Grant	\$4.4 million
Total Homes Weatherized	1,395
Average Cost per Home Weatherized	\$1,596

Physical Health Services

Number of pregnancies among females aged 15-17:	
2004	655
2003	653
2002	714
2001	735
2000	801

Pregnancy rate per 1,000 females aged 15-17:

2004	20.9
2003	20.9
2002	22.6
2001	23.2
2000	25.1

Vital Statistics

Number of certified copies issued for birth, death, marriage, and divorce certificates.

2004	117,805
2003	121,449
2002	112,194
2001	97,386
2000	98,706

Self-Reliance

Maximum TAFI Payment	\$309
Average TAFI Payment for June 2005	\$309
Average ICCP Payment Per Child as of June 2005	\$287
Average FS Benefit Per Family as of June 2005	\$230
Average AABD payment per participant as of June 2005	\$ 55

Glossary of Terms and Acronyms

A&D	Aged and Disabled Waiver
ATR	Access to Recovery Grant
AABD	Aid to the Aged, Blind and Disabled
ACT	Assertive Community Treatment
AIDS	Auto Immune Deficiency Syndrome
CAP	College of American Pathologists
CHC	Criminal History Check
CHIP	Children's Health Insurance Program
CLIA	Clinical Laboratory Improvement Amendment
CMHP	Children's Mental Health Project
CY	Calendar Year
DD	Developmental Disabilities
DDA	Developmental Disability Agencies
DTaP	Diphtheria, Tetanus, acellular Pertussis
DUI	Driving Under the Influence
EBT	Electronic Benefits Transfer
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-A	Emergency Medical Technician - Advanced
FACS	Division of Family and Community Services
FFY	Federal Fiscal Year
FIDM	Financial Institution Data Matching
FTP	Full-time Positions
HIV	Human Immunodeficiency Virus
IBI	Intensive Behavioral Intervention
ICCMH	Idaho Council on Children's Mental Health
ICCP	Idaho Child Care Program
ICF/MR	Intermediate Care Facility for People with Mental Retardation
IDHW	Idaho Department of Health and Welfare
IRIS	Immunization Reminder Information System
ISSH	Idaho State School and Hospital in Nampa
ITSD	Information and Technology Services Division
JCAHO	Joint Commission on Accreditation of Hospital Organizations
MMIS	Medicaid Management Information System
PWC	Pregnant Women and Children
RSO	Receipting Services Only
SFY	State Fiscal Year
SHN	State Hospital North
SHS	State Hospital South

STD Sexually Transmitted Diseases
SUR Surveillance & Utilization Review
TAFI..... Temporary Assistance for Families in Idaho
TBI..... Traumatic Brain Injury
TEFAP The Emergency Food Assistance Program

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